

TSD File Inventory Index

Date: March 5, 2002

Initial: CM General

Facility Name: <u>Procter & Gamble Pharmaceuticals, Inc. (The Folded Site)</u>			
Facility Identification Number: <u>ILD 984 774 877</u>			
A.1 General Correspondence		B.2 Permit Docket (B.1.2)	
A.2 Part A / Interim Status		.1 Correspondence	
.1 Correspondence	X	.2 All Other Permitting Documents (Not Part of the ARA)	
.2 Notification and Acknowledgment		C.1 Compliance - (Inspection Reports)	
.3 Part A Application and Amendments	X	C.2 Compliance/Enforcement	
.4 Financial Insurance (Sudden, Non Sudden)		.1 Land Disposal Restriction Notifications	X
.5 Change Under Interim Status Requests		.2 Import/Export Notifications	
.6 Annual and Biennial Reports		C.3 FOIA Exemptions - Non-Releasable Documents	
A.3 Groundwater Monitoring		D.1 Corrective Action/Facility Assessment	
.1 Correspondence		.1 RFA Correspondence	
.2 Reports		.2 Background Reports, Supporting Docs and Studies	
A.4 Closure/Post Closure		.3 State Prelim. Investigation Memos	
.1 Correspondence		.4 RFA Reports	
.2 Closure/Post Closure Plans, Certificates, etc		D. 2 Corrective Action/Facility Investigation	
A.5 Ambient Air Monitoring		.1 RFI Correspondence	
.1 Correspondence		.2 RFI Workplan	
.2 Reports		.3 RFI Program Reports and Oversight	
B.1 Administrative Record		.4 RFI Draft /Final Report	

Total -1

.5 RFI QAPP		.7 Lab data, Soil Sampling/Groundwater	
.6 RFI QAPP Correspondence		.8 Progress Reports	
.7 Lab Data, Soil-Sampling/Groundwater		D.5 Corrective Action/Enforcement	
.8 RFI Progress Reports		.1 Administrative Record 3008(h) Order	
.9 Interim Measures Correspondence		.2 Other Non-AR Documents	
.10 Interim Measures Workplan and Reports		D.6 Environmental Indicator Determinations	
D.3 Corrective Action/Remediation Study		.1 Forms/Checklists	
.1 CMS Correspondence		E. Boilers and Industrial Furnaces (BIF)	
.2 Interim Measures		.1 Correspondence	
.3 CMS Workplan		.2 Reports	
.4 CMS Draft/Final Report		F Imagery/Special Studies (Videos, photos, disks, maps, blueprints, drawings, and other special materials.)	
.5 Stabilization		G.1 Risk Assessment	
.6 CMS Progress Reports		.1 Human/Ecological Assessment	
.7 Lab Data, Soil-Sampling/Groundwater		.2 Compliance and Enforcement	
D.4 Corrective Action Remediation Implementation		.3 Enforcement Confidential	
.1 CMI Correspondence		.4 Ecological - Administrative Record	
.2 CMI Workplan		.5 Permitting	
.3 CMI Program Reports and Oversight		.6 Corrective Action Remediation Study	
.4 CMI Draft/Final Reports		.7 Corrective Action/Remediation Implementation	
.5 CMI QAPP		.8 Endangered Species Act	
.6 CMI Correspondence		.9 Environmental Justice	

Note: Transmittal Letter to Be Included with Reports.

Comments: Documents do not justify individual folders/schedule!

A. 2

CHANGE OF CONTACT PERSON

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 12/31/02

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED
Date Received
(For Official Use Only)
MAY 07 2002

PROGRAM MANAGEMENT BRANCH

on

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

ICD984774877

II. Name of Installation (Include company and specific site name)

MORTON GROVE PHARMACEUTICALS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

6451 W. MAIN STREET

Street (Continued)

City or Town

MORTON GROVE

State

IL

Zip Code

60053-2633

County Code

031

County Name

COOK

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

6451 W. MAIN STREET

City or Town

MORTON GROVE

State

IL

Zip Code

60053-2633

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

KRUSCHKE

(First)

MERY

Job Title

SUPV EHS

Phone Number (Area Code and Number)

847-470-4998

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

☒

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

MORTON GROVE PHARMACEUTICALS

Street, P.O. Box, or Route Number

6451 W. MAIN STREET

City or Town

MORTON GROVE

State

IL

Zip Code

60053-2633

Phone Number (Area Code and Number)

847-967-5600

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes X

No

Date Changed
Month Day Year

11/10/1995

CR 5/8/02

RECEIVED

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-OT

RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA - REGION 5

ID - For Official Use Only

IX. Description of Hazardous Wastes (Continued, Additional Sheet)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96

B. Toxicity Characteristic Hazardous Wastes. (See 40 CFR 261.24; Use this page only if you need to list more than 4 waste codes.)

5	6	7	8	9	10
11	12	13	14	15	16
17	18	19	20	21	22

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Exempt Boiler and/or Industrial Furnace
- ☐ a. Smelting, Melting, and Refining Furnace Exemption
- ☐ b. Small Quantity On-Site Burner Exemption
5. Underground Injection Control

RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA - REGION 5

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 U129	2 U205	3 F002	4 F003	5 P024	6 P098
7 U213	8 F005	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 D010	2 D013	3 D019	4 D021

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

DUSHYANT CHHAPALKATTY
VP OPERATIONS

Date Signed

4/9/02

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5

77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

November 28, 1994

MORTON GROVE PHARMACEUTICALS INC
ATTN:ED MEDINA
6451 W MAIN ST
MORTON GROVE IL 60053

RECEIVED
WMD RECORD CENTER

DEC 06 1994

RE: US EPA ID Number ✓ ILD 984 774 877
Location: 6451 W MAIN ST
MORTON GROVE IL 60053

In response to your correspondence of 10-31-94, the following
information has been updated:

NAME OF INSTALLATION

MORTON GROVE PHARMACEUTICALS
INC

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

cc: State Agency
File

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-OT

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

AUG 10 2000

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

I L D 9 8 4 7 7 4 8 7 7

II. Name of Installation (Include company and specific site name)

M O R T O N G R O V E P H A R M A C E U T I C A L S

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

6 4 5 1 W. M A I N S T R E E T

Street (Continued)

City or Town

M O R T O N G R O V E

State

Zip Code

I L

6 0 0 5 3 - 2 6 3 3

County Code

County Name

0 3 1

C O O K

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

6 4 5 1 W. M A I N S T R E E T

City or Town

M O R T O N G R O V E

State

Zip Code

I L

6 0 0 5 3 - 2 6 3 3

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

B A H L

V I M A L

Job Title

Phone Number (Area Code and Number)

S U P V. H S & E O P E R.

8 4 7 - 9 6 7 - 5 6 0 0

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

☒

B. Street or P.O. Box

City or Town

State

Zip Code

RECEIVED

AUG 0 4 2000

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

M O R T O N G R O V E P H A R M A C E U T I C A L S

Street, P.O. Box, or Route Number

6 4 5 1 W. M A I N S T R E E T

City or Town

M O R T O N G R O V E

State

Zip Code

I L

6 0 0 5 3 - 2 6 3 3

Phone Number (Area Code and Number)

8 4 7 - 9 6 7 - 5 6 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

Date Changed

Month Day Year
1 1 1 0 1 9 9 5

8/16/00

sk

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
☒ a. Greater than 1000kg/mo (2,200 lbs.)
☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes
- Mode of Transportation
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
- ☐ 4. Exempt Boiler and/or Industrial Furnace
☐ a. Smelting, Melting, and Refining Furnace Exemption
☐ b. Small Quantity On-Site Burner Exemption
- ☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Processor
☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 U 1 2 9	2 U 2 0 5	3 F 0 0 2	4 F 0 0 3	5 P 0 2 4	6 P 0 9 8
7 U 2 1 3	8 F 0 0 5	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D 0 1 0	D 0 1 3	D 0 1 9	D 0 2 1

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Dushyant Chipalkatty 11/31/00

Name and Official Title (Type or print)

Dushyant Chipalkatty, VP of Operations

Date Signed

07/31/00

XI. Comments

THE FACILITY CHANGED ITS NAME FROM PENNEY PHARMACEUTICALS TO MORTON GROVE PHARMACEUTICALS, INC. ON 10/1/94. IT WAS ACQUIRED BY THE NEW OWNER MORTON GROVE ACQUISITION CORP. ON 11/10/95. THE NEW OWNER CHANGED ITS NAME TO MORTON GROVE PHARMACEUTICALS, INC. TO MATCH THE DBA NAME OF THE FACILITY.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

ID - For Official Use Only

IX. Description of Hazardous Wastes (Continued; Additional Sheet)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
19	20	21	22	23	24
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31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96

B. Toxicity Characteristic Hazardous Wastes. (See 40 CFR 261.24; Use this page only if you need to list more than 4 waste codes.)

5	6	7	8	9	10
D 0 2 2	D 0 4 0	D 0 3 9	D 0 0 4	D 0 0 5	D 0 0 8
11	12	13	14	15	16
D 0 0 9	D 0 1 1				
17	18	19	20	21	22



Morton Grove Pharmaceuticals, Inc.
6451 West Main Street
Morton Grove, Illinois 60053
Phone (847) 967-5600
Fax (847) 967-2211

July 31, 2000

Ms. Nikki Burkett
Illinois EPA
Division of Land Pollution Control
1021 N. Grand Ave. East
Springfield, IL 62794-9276

RECEIVED

AUG 04 2000

IEPA-DLPC

Re: Facility Location: 6451 W. Main Street
Facility EPA ID#: ILD984774877

Dear Ms. Burkett:

Enclosed please find the Form 8700-12 (Notification of Regulated Waste Activity) for Morton Grove Pharmaceuticals located at 6451 W. Main Street, Morton Grove, IL 60053.

Should you have any questions, please do not hesitate to call me @ (847)-967-5600.

Sincerely,

Vimal Bahl

Vimal Bahl, CHMM
(Supervisor, HS & E Operations)

Enclosure: Form 8700-12 (Rev.12/99)

RECEIVED

AUG 31 2000

RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA—REGION 5

RECEIVED

AUG 10 2000

PROGRAM MANAGEMENT BRANCH
Waste, Pesticides & Toxics Division
U.S. EPA—REGION 5

United States Environmental Protection Agency
Washington, DC 20460
Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C
C

RECEIVED

Installation's EPA ID Number

Approved

Date Received
(yr. mo. day)

MAY 30 1989

C
F

1 L D 9 8 4 7 7 4 8 7 7

T/A C
- 1

A

8 9 0 6 0 2

EPA-DLPC

I. Name of Installation

P H A R M A C E U T I C A L B A S I C S I N C

II. Installation Mailing Address

Street or P.O. Box

C
3

6 4 5 1 M A I N S T R E E T

City or Town

State

ZIP Code

C
4

M O R T O N G R O V E

I L

6 0 0 5 3

III. Location of Installation

Street or Route Number

C
5

6 4 5 1 M A I N S T R E E T

City or Town

State

ZIP Code

C
6

M O R T O N G R O V E

I L

6 0 0 5 3

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C
2

M I K E B R A B A N D

3 1 2 9 6 7 5 6 0 0

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C
R

A K Z O N V

P.

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☒ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
☐ 2. Transporter
☐ 3. Treater/Storer/Disposer
☐ 4. Underground Injection
☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner

- ☐ 7. Specification Used Oil Fuel Markers for On-site Burner
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

ID — For Official Use Only															
C														T/A	C
W															1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 1 2 9	U 2 0 5				
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

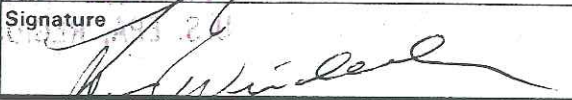
☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☒ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) Louis E. Windecker, General Manager	Date Signed 5/16/89
--	--	------------------------

United States Environmental Protection Agency Washington, DC 20460		Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).	
EPA Notification of Hazardous Waste Activity			
For Official Use Only			
Comments			
C C			
Installation's EPA ID Number		Approved	Date Received (yr. mo. day)
I L D 9 8 4 7 7 4 8 7 7		A	8 9 0 6 0 2
T/A C		1	
I. Name of Installation			
P H A R M A C E U T I C A L B A S I C S I N C			
II. Installation Mailing Address			
Street or P.O. Box			
C 3 6 4 5 1 M A I N S T R E E T			
City or Town			
C 4 M O R T O N G R O V E			
State			
I L			
ZIP Code			
6 0 0 5 3			
III. Location of Installation			
Street or Route Number			
C 5 6 4 5 1 M A I N S T R E E T			
City or Town			
C 6 M O R T O N G R O V E			
State			
I L			
ZIP Code			
6 0 0 5 3			
IV. Installation Contact			
Name and Title (last, first, and job title)		Phone Number (area code and number)	
C 2 M I K E B R A B A N D		3 1 2 9 6 7 5 6 0 0	
V. Ownership			
A. Name of Installation's Legal Owner		B. Type of Ownership (enter code)	
C R A K Z O N V		P	
VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)			
A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 1b. Less than 1,000 kg/mo.		<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below)	
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing to Burner	
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner	
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (for On site Burner) Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> a. Generator Marketing to Burner		U.S. EPA, REGION V	
<input type="checkbox"/> b. Other Marketer			
<input type="checkbox"/> c. Burner			
VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)			
<input type="checkbox"/> A. Utility Boiler <input type="checkbox"/> B. Industrial Boiler <input type="checkbox"/> C. Industrial Furnace			
VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))			
<input type="checkbox"/> A. Air <input type="checkbox"/> B. Rail <input type="checkbox"/> C. Highway <input type="checkbox"/> D. Water <input type="checkbox"/> E. Other (specify)			
IX. First or Subsequent Notification			
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.			
<input checked="" type="checkbox"/> A. First Notification <input type="checkbox"/> B. Subsequent Notification (complete item C)		C. Installation's EPA ID Number	

ID — For Official Use Only															
C															T/A: C
W															1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 1 2 9	U 2 0 5				
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

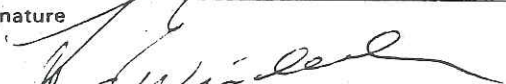
☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☒ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature 	Name and Official Title (type or print) Louis E. Windecker, General Manager	Date Signed 5/16/89
--	--	------------------------



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION 5
RCRA ACTIVITIES
P.O. BOX A3587
CHICAGO, ILLINOIS 60690

JUL 24 1989

Dear Notifier:

Enclosed you will find the U.S. Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. This ID number must appear on all manifest forms when transporting hazardous waste. You will find your ID number on the second line of the copy of the enclosed notification form. This letter confirms that you have filed a Notification of Hazardous Waste Activity (form 8700-12) to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This letter and the enclosed copy of the notification form should be retained for future use.

If your facility is in the state of Michigan and you were previously issued an ID number with an MIG prefix, do not use the MIG number. This is a state number. Be sure to use the MID number only.

If you have any further questions regarding hazardous waste activity, please contact the Region V Solid Waste Hotline at (312) 886-4001.

Sincerely yours,

Arthur S. Kawatachi
Information Section
Office of RCRA

Enclosure

NAME CHANGE

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 9-30-92
GSA No. 0246-EPA-OT

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA****Notification of
Regulated Waste
Activity**

United States Environmental Protection Agency

Date Received
(For Official Use Only)

JUL 14 1993

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)☒**A. First Notification**☐**B. Subsequent Notification
(complete item C)****C. Installation's EPA ID Number**

ELD984774877

II. Name of Installation (Include company and specific site name)

P E N N E X P H A R M A C E U T I C A L

III. Location of Installation (Physical address not P.O. Box or Route Number)**Street**

6 4 5 1 M A I N S T R E E T

Street (continued)**City or Town**

M O R T O N G R O V E

State**ZIP Code**

I L 6 0 0 5 3 -

County Code**County Name**

C O O K

IV. Installation Mailing Address (See instructions)**Street or P.O. Box**

S A M E

City or Town**State****ZIP Code**

-

V. Installation Contact (Person to be contacted regarding waste activities at site)**Name (last)****(first)**

B R A B A N D M I C H A E L

Job Title**Phone Number (area code and number)**

M G R S A F E T Y 7 0 8 - 9 6 7 - 5 6 0 0

VI. Installation Contact Address (See instructions)**A. Contact Address**
Location Mailing☒**B. Street or P.O. Box****City or Town****State****ZIP Code**

-

VII. Ownership (See instructions)**A. Name of Installation's Legal Owner**

G O O D H E A L T H I N C.

Street, P.O. Box, or Route Number

O N E P E N N E X D R I V E

City or Town**State****ZIP Code**

V E R O N A P A 1 5 1 4 7 - 3 9 9 8

Phone Number (area code and number)**B. Land Type****C. Owner Type****D. Change of Owner
Indicator****(Date Changed)
Month Day Year**

8 0 0 - 2 4 5 - 6 1 1 0 M M Yes X No 0 6 2 3 9 3

AUG 02 1993

RECEIVED
JUL 07 1993
EPA/DLPC

PENNEX PHARMACEUTICALS, INC.
6451 West Main Street
Morton Grove, IL 60053
708/967-5600 Fax: 708/967-2211

June 29, 1993

Mr. Pierce
Illinois Environmental Protection Agency
Division of Land Pollution Control
2200 Churchill Road, # 24
Springfield, IL 62706

Dear Mr. Pierce:

This letter is to inform you that *Pharmaceutical Basics, Inc.* located at 6451 Main Street, Morton Grove, IL 60053 has been sold to **Pennex Pharmaceuticals, Inc.** as of June 23, 1993. At this time, we request a new identification number. Enclosed is our Notification of Hazardous Waste Activity form.

Thank you for your cooperation in this matter.

Sincerely,



Michael J. Braband

MJB/mbe
Enclosure

RECEIVED
JUL 07 1993
IEPA/DLPC

NOV 22 1994

MGP

Morton Grove Pharmaceuticals, Inc.
6451 West Main Street
Morton Grove, Illinois 60053
Phone (708) 967-5600
Fax (708) 967-2211

TO: Our Preferred Vendor

October 17, 1994

OCT 31 1994

U. S. EPA, REGION V
SWB — PMS

ANNOUNCING
A
NAME CHANGE

ILD 984.774877

Effective October 1, 1994, Pennex Pharmaceuticals, Inc.
has changed its name to:

**Morton Grove
Pharmaceuticals,
Inc.**

Please correct your records to reflect our name change. Note that ownership, location, tax exempt number and all other factors remain the same.

Call or write our Purchasing Department in the event you have any questions or require additional information.

Sincerely,
Morton Grove Pharmaceuticals, Inc.



Ed Medina
Purchasing Manager

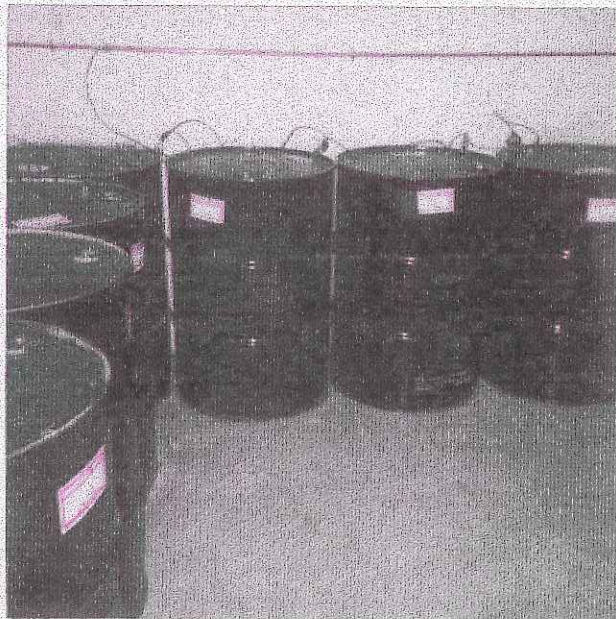
Photos taken by:

Alex Arroyo
and
Vimal Bahl



9/20/00 3:45 PM

Lindane Hazardous Waste Drum Storage Area



9/20/00 3:35 PM

Flammable Hazardous Waste Drum Storage Area

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Refractor
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D000)

☒ ☒ ☒ ☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 1 0 D 0 1 3

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 U 1 2 9	2 F 0 0 3	3 U 2 0 5	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Christopher J. Nascone

Name and Official Title (type or print)

Christopher Nascone, Plant Mgr.

Date Signed

6-29-93

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

C.2

LAND AND CHEMICALS DIVISION

Type of Document: Notice of Violation

Name of Document: Morton Grove Pharmaceuticals

	<u>NAMES</u>	<u>DATE</u>
AUTHOR:	<u>Spencer Boughey</u>	<u>6-3-15</u>
APA:	<u>[Signature] pc</u>	<u>6/15/15</u>
SECTION CHIEF:	<u>[Signature]</u>	<u>6-5-15</u>
BRANCH CHIEF:	<u>[Signature]</u>	<u>6/23/15</u>
DIVISION APA:	<u>_____</u>	<u>_____</u>
DIVISION DIRECTOR:	<u>_____</u>	<u>_____</u>
OTHERS:	<u>_____</u>	<u>_____</u>
	<u>_____</u>	<u>_____</u>
DRA:	<u>_____</u>	<u>_____</u>
RA:	<u>_____</u>	<u>_____</u>

RETURN TO: _____

PHONE: _____

COMMENTS: State notice sent 6/1/15

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.



Mr. Benjamin Davis
Morton Grove Pharmaceuticals, Inc.
6451 W. Main Street
Morton Grove, Illinois 60053

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>Nancy A. Pagan</i>		<input type="checkbox"/> Agent
B. Received by (Printed Name) <i>Nancy A. Pagan</i>		<input type="checkbox"/> Addressee
C. Date of Delivery <i>7/2/15</i>		<input type="checkbox"/> Yes
D. Is delivery address different from item 1? <input type="checkbox"/> Yes		<input type="checkbox"/> No

or delivery address below:

<input type="checkbox"/> Registered Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> Return Receipt for Merchandise
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number
(Transfer from service label) **7001 0320 0006 1452 2546**

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5

77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

JUN 26 2015

REPLY TO THE ATTENTION OF:

CERTIFIED MAIL 7001 0320 0006 1452 2546
RETURN RECEIPT REQUESTED

Mr. Benjamin Davis
EH&S Specialist
Morton Grove Pharmaceuticals, Inc.
6451 West Main Street
Morton Grove, Illinois 60053

Re: Notice of Violation
Compliance Evaluation Inspection
ILD 984 774 877

Dear Mr. Davis:

On September, 2014 a representative of the U.S. Environmental Protection Agency inspected the Morton Grove Pharmaceuticals, Inc. (MGP) facility located in Morton Grove, Illinois. As a "large quantity generator" of hazardous waste, MGP is subject to the Resource Conservation and Recovery Act, 42 U.S.C. § 6901 et seq. (RCRA). The purpose of the inspection was to evaluate MGP's compliance with certain provisions of RCRA and its implementing regulations related to the generation, treatment and storage of hazardous waste. A copy of the inspection report is enclosed for your reference.

Based on information provided by MGP, EPA's review of records pertaining to MGP, and the inspector's observations, EPA has determined that MGP at the time of the inspection was out of compliance with the following large quantity record keeping and reporting requirements:

1. Hazardous Waste Manifests

Under Ill. Admin. Code tit. 35 § 722.140(a), [40 C.F.R. § 262.40(a)], a generator must keep a copy of each manifest signed in accordance with § 262.23(a) for three years or until he receives a signed copy from the designated facility which received the waste. This signed copy must be retained as a record for at least three years from the date the waste was accepted by the initial transporter.

At the time of the inspection, MGP did not have a final signed copy from the Treatment, Storage, and Disposal Facility for the following manifests:

Year	Manifest Tracking Number	Date of Shipment
2012	009533546 JJK	5/17/2012
	009648800 JJK	10/19/2012
	009648544 JJK	8/8/2012
	010775670 JJK	12/21/2012
	008913125 JJK	2/24/2012
2013	010564565 JJK	7/30/2013
	011903058 JJK	12/12/2013
	011911329 JJK	10/3/2013
	010775984 JJK	3/7/2013
	011062698 JJK	4/23/2013
	011062785 JJK	5/9/2013

2. Annual Hazardous Waste Reports

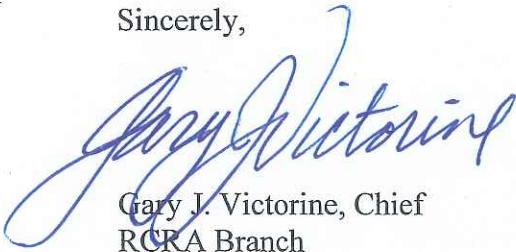
Under Ill. Admin. Code tit. 35 § 722.141(a), a generator that ships any hazardous waste off-site to a treatment, storage or disposal facility within the United States must prepare and submit a single copy of an annual report to Illinois Environmental Protection Agency (Illinois EPA) by March 1 for the preceding calendar year.

Based on the review of records at the time of the inspection, MPG did not submit its 2013 Annual Hazardous Waste Report to the Illinois EPA until March 6, 2014.

After the inspection, on September 19, 2014, in an email to EPA, MGP submitted complete copies of the waste manifests listed above. Based on this information, EPA is not planning additional enforcement actions based on this inspection at this time. This letter does not limit the applicability of the requirements evaluated, or of other federal or state statutes or regulations. EPA appreciates MGP's cooperation.

If you have any questions regarding this letter, please contact Mr. Spiros Bourgikos, of my staff, at 312-886-6862, or at bourgikos.spiros@epa.gov.

Sincerely,



Gary J. Victorine, Chief
RCRA Branch

Enclosure

cc: Todd Marvel, Illinois EPA, (todd.marvel@illinois.gov)



U. S. Environmental Protection Agency
Region 5, Land and Chemicals Division
RCRA Branch
77 West Jackson Boulevard
Chicago, Illinois 60604

RCRA COMPLIANCE EVALUATION INSPECTION REPORT

SITE NAME: Morton Grove Pharmaceuticals, Inc.

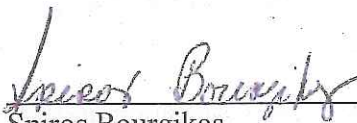
EPA ID NUMBER: EPA ID: ILD 984774877

ADDRESS: 6451 West Main Street
Morton Grove, IL 60053

DATE OF INSPECTION: September 8, 2014

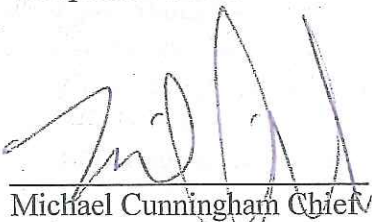
EPA INSPECTOR: Spiros Bourgikos
Environmental Engineer

PREPARED BY:


Spiros Bourgikos
Compliance Section 1

3-18-2015
Date

APPROVED BY:


Michael Cunningham Chief
Compliance Section 1

3-23-15
Date

Purpose of Inspection

This inspection was an evaluation of the Morton Grove Pharmaceutical, Inc.'s (MGP) compliance with hazardous waste, used oil, and universal waste regulations found at Illinois' hazardous waste management rules codified at 35 IAC Parts 700-739 and the Code of Federal Regulations (CFR) at 40 CFR Parts 260-270, 273 and 279. The Illinois Environmental Protection Agency (Illinois EPA) was invited to participate in this inspection but declined. The site has notified as a large quantity generator (LQG).

Participants

Inspector(s):

Spiros Bourgikos, Environmental Engineer, EPA

Site Representative(s):

Benjamin Davis, EH&S Specialist, MGP

Introduction

On September 8, 2014 I arrived at the site at approximately 10:30 AM. I introduced myself, presented my inspector credentials, and business card, and described the purpose and process by which I intended to conduct the inspection. Mr. Davis provided me with a description of the site operations. Mr. Davis led the tour and provided me with the records I requested for review.

I provided a Small Business Resources information sheet to Mr. Davis. I also informed Mr. Davis that MGP could claim any information gathered during the inspection as Confidential Business information including: verbal information, documents and photographs. MGP did not make a CBI claim on the information gathered during the inspection.

Site Description

MGP develops, manufactures and markets prescription oral liquid and topical liquid pharmaceuticals. It offers prescription generic drugs, prescription non-generic drugs and over the counter generic products. These products include cough syrups, burn creams, nasal sprays. It also produces lindane (hexachlorocyclohexane) shampoo and lindane lotion. MGP distributes its products through wholesalers, chain drug stores and distributors in the United States. The company was incorporated in 1990. As of October 24, 2007, MGP operates as a subsidiary of India's Wockhardt Inc. This facility generates about half of Wockhardt's sales in the United States.

The MGP Plant includes two laboratories (one R&D Lab and one QC Lab), the manufacturing area, a filling and labeling room, and other various storage and quarantined areas. There is a dedicated room for any activities dealing with lindane. This room does not have any drains.

Ninety percent of the hazardous waste generated at this facility comes from the two labs. In 2013 MGP generated 17 tons of hazardous waste. EPA hazardous waste numbers included D001, D002, D013, F003 and U129.

~~Lindane waste (U129) is stored in 55-gallon drums or the original product container. Laboratory hazardous waste is stored in 5-gallon containers in flammable liquid cabinets. The hazardous waste storage area is located at the southwest corner of the warehouse. Lab waste is shipped every six weeks. Lindane waste is generated once a year.~~

Site Tour

During the facility walkthrough I visited the two labs and the hazardous waste storage area. I took photographs of the various waste storage/accumulation areas during the site tour. See Attachment B for photographs taken during the inspection.

We started the tour at the QC Lab. Area and proceeded to walk through the facility. At the QC Lab there are approximately 24 High Power Liquid Chromatographs (HPLCs). Each HPLC is connected to a five-gallon waste collector container. Once the container is full it is moved to the flammable liquid cabinet.

Next we visited the R&D Lab. There I observed three satellite containers. All three containers were labeled with the words "Hazardous Waste" and were closed.

From the R&D Lab we headed for the hazardous waste storage area. At the time of the inspection the only waste stored here was inside a flammable proof cabinet (See Picture Nos. 4 and 5). These containers were properly labeled and were closed.

Records Review

During the inspection I reviewed the following records. Hazardous waste manifests, land disposal restriction notifications (LDR), training records, inspection records, annual hazardous waste reports, waste analysis records, manifests, and the contingency plan. I also completed the LQG checklist during the records review, *see* Attachment C.

During the records review I requested that MGP provide copies of certain documents that are listed in Attachment D. None of these documents were claimed to be CBI.

Hazardous Waste Records

During this inspection I reviewed the waste manifests for 2012, 2013 and 2014. The following waste manifests were missing the signature of the facility designated to receive the hazardous waste.

Table 1

Year	Manifest Tracking Number	Date of Shipment
2012	009533546 JJK	5/17/2012
	009648800 JJK	10/19/2012
	009648544 JJK	8/8/2012
	010775670 JJK	12/21/2012
	008913125 JJK	2/24/2012
2013	010564565 JJK	7/30/2013
	011903058 JJK	12/12/2013

	011911329 JJK	10/3/2013
	010775984 JJK	3/7/2013
	011062698 JJK	4/23/2013
	011062785 JJK	5/9/2013

Training Records

I reviewed the training records including the annual refresher training records for 2011, 2012 and 2013. The training records contained all information required under 35 IAC 725.116.

Inspection records

I checked the weekly inspection records of the 90-day hazardous waste storage area for 2011, 2012 and 2013. I did not find any missing weekly inspections.

Annual Hazardous Waste Report

I reviewed the 2011, 2012 and 2013 Annual Hazardous Waste Report. These reports were submitted to Illinois EPA on February 15, 2012, February 27, 2013 and March 6, 2014.

Contingency Plan

The contingency plan was last updated on March 17, 2014 and appeared to contain all the information required by 35 IAC 725.152.

Waste Determination

During the inspection I requested to review the profiles of some of the waste generated by MGP. Based on these records, MGP is making proper waste determinations.

Closing Conference

I summarized the issues identified during the inspection. I again mentioned that MGP could make claims of CBI on the material copied, photographs, and information gathered during the inspection. Mr. Davis did not make any CBI claims. The inspection concluded at approximately 1:30 PM.

Post-Inspection

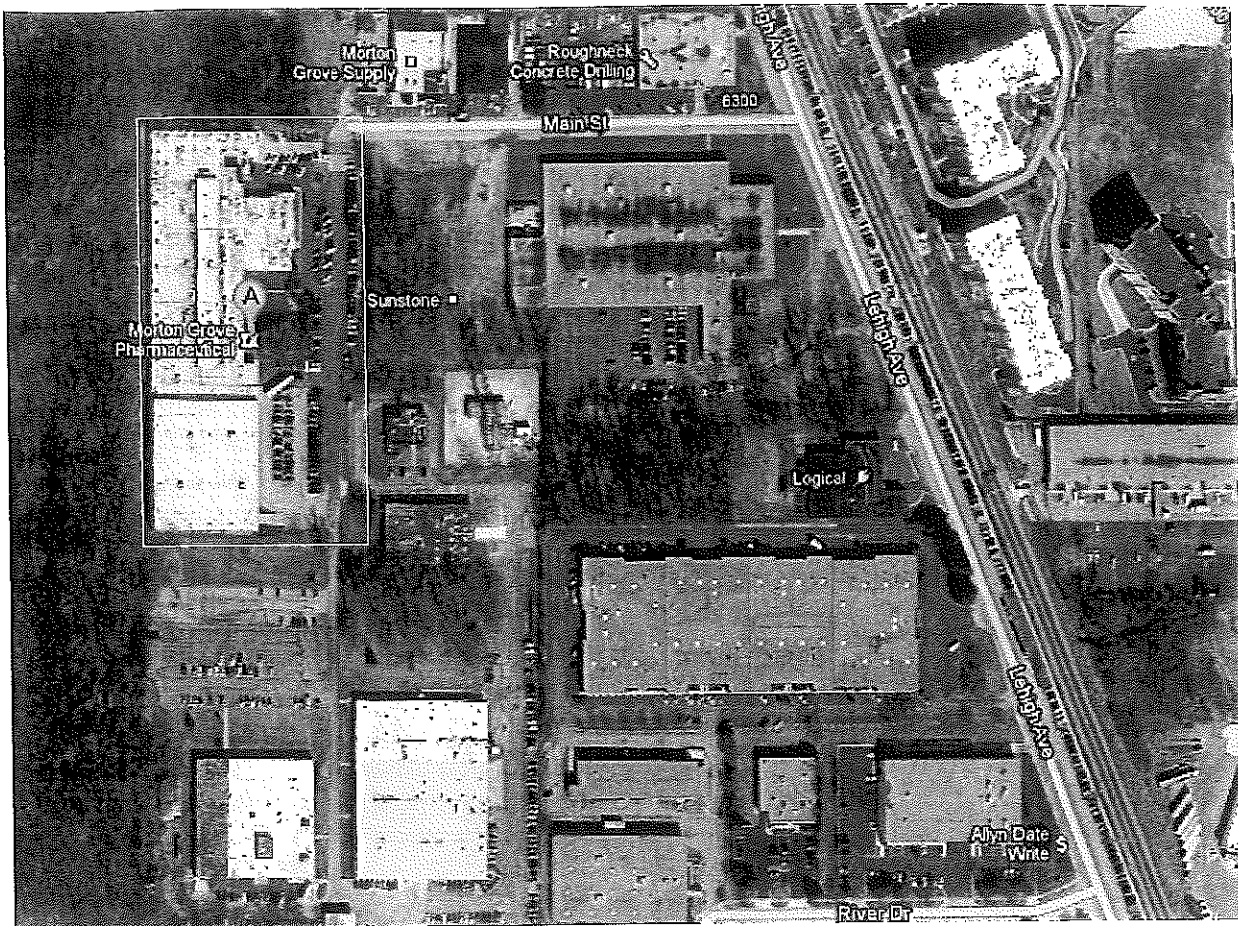
On September 19, 2014, Mr. Davis emailed me complete copies of all the manifests listed in Table 1 as a supplement to the inspection.. These documents are located in Appendix E.

Attachments

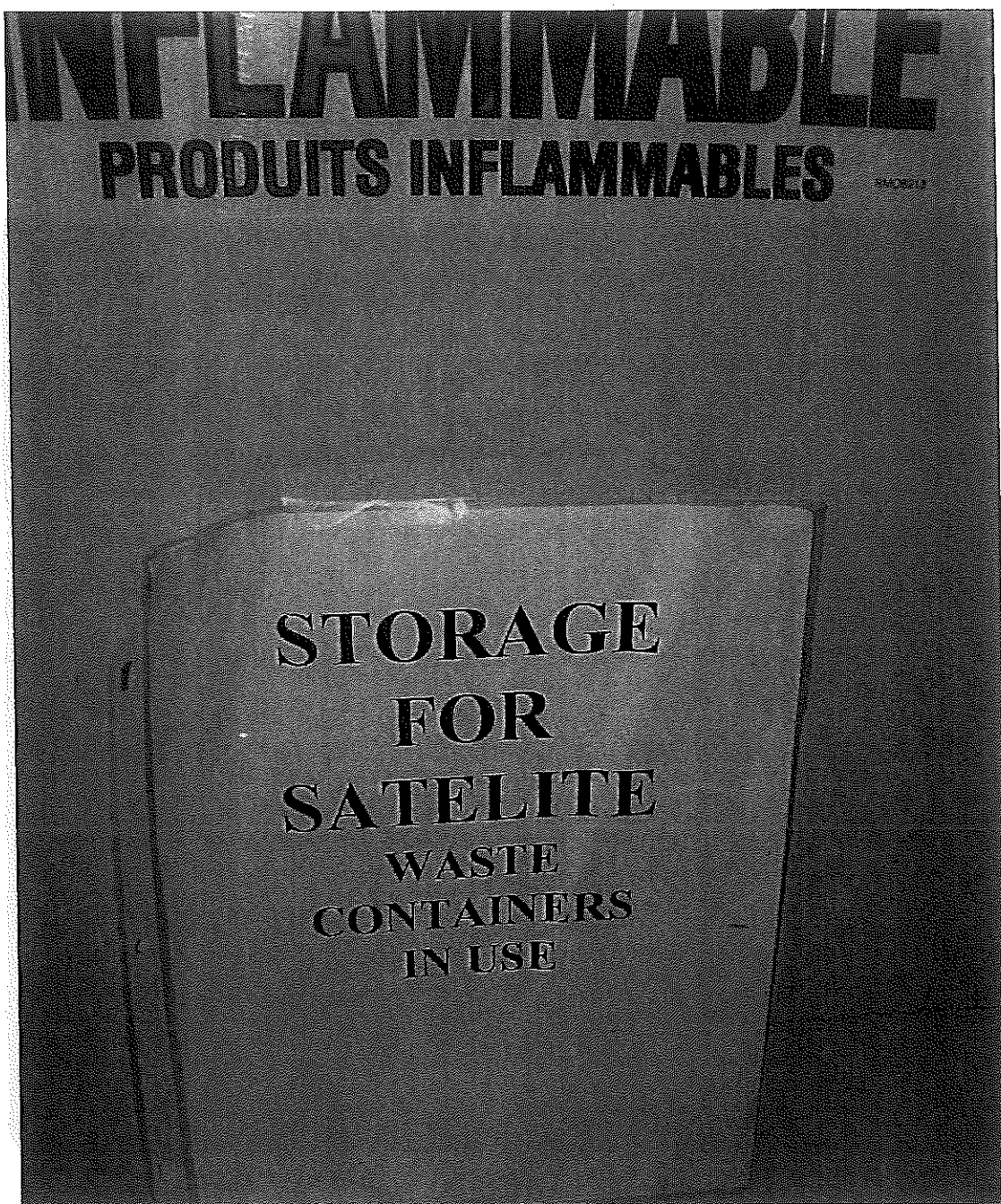
- A. Site Diagram
- B. Photographs and Log
- C. Checklist(s)
- D. Document(s) Copied
- E. Post-Inspection Documents

ATTACHMENT A
Site Diagram

Exhibit I – Site Location Map



ATTACHMENT B
Photographs



Picture # 1

Date: September 8, 2014

Photographer: Spiros Bourgikos

Location: Morton Grove Pharmaceuticals, Morton Grove, Illinois

Subject: Storage cabinet for satellite waste containers.

Table 1 - Laboratory Waste Streams

	Waste Stream	MGP Internal Handling Code
1.	Halogenated Solvents Waste	HR68-CL
2.	Nonhalogenated Solvents Waste	HR68-NH
3.	HPLC/Mixed Solvents Waste (including Ethers)	HR68-HP
4.	Acid Waste (with Organic Solvents)	HR68-AD
5.	Alkaline Waste (with Organic Solvents)	HR68-AK
6.	Lindane Waste	HR68-LD
7.	Mercury Waste	LABK-HG
8.	Cyanide Waste	LABK-CN
9.	Heavy Metals Waste	LABK-HM
10.	DMF	HR68-DMF

Heavy Metals may include but not limited to the following:
Selenium

Picture # 2

Date: September 8, 2014

Photographer: Spiros Bourgikos

Location: Morton Grove Pharmaceuticals, Morton Grove, Illinois

Subject: List of lab waste streams stored in the cabinet shown in Picture #1.



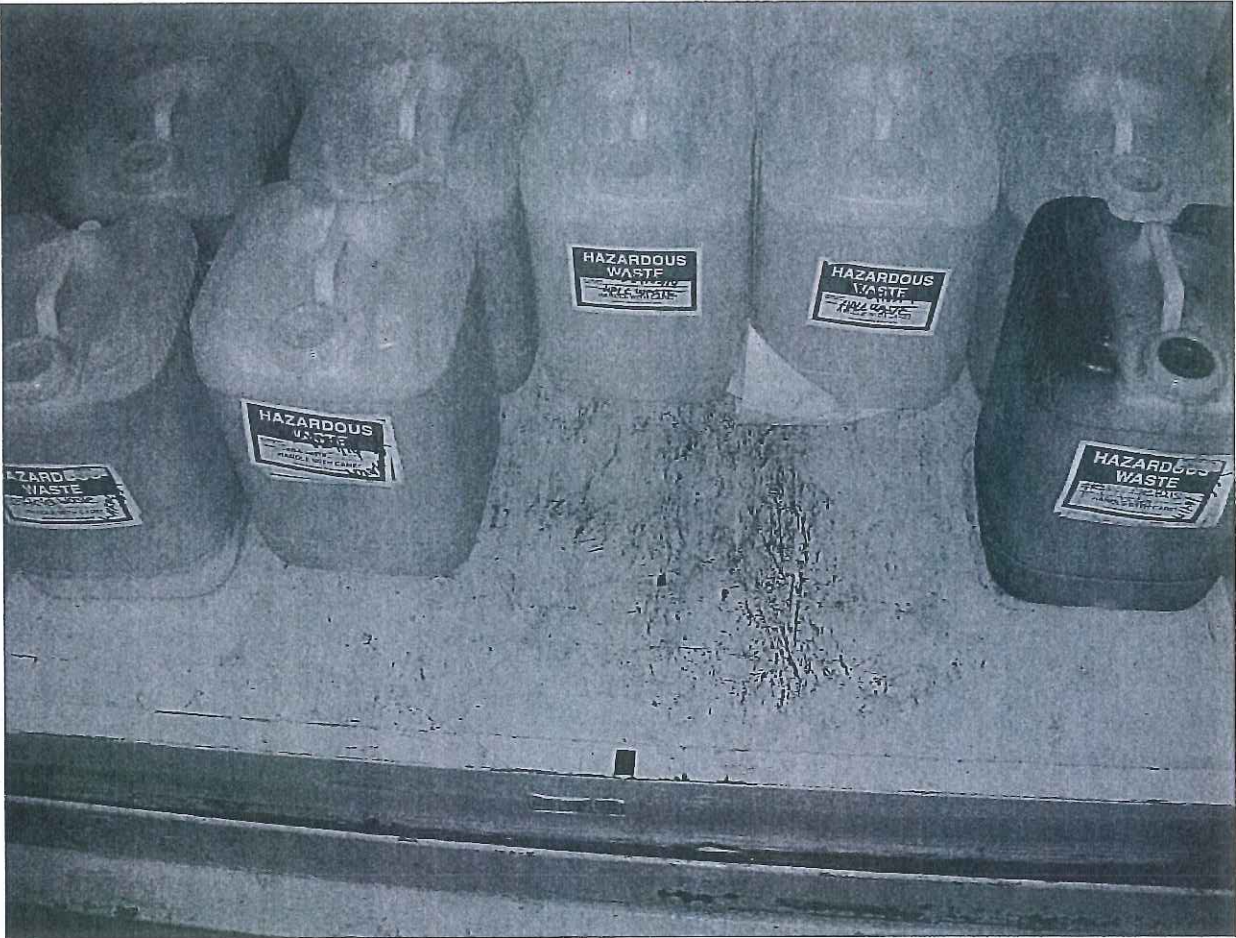
Picture # 3

Date: September 8, 2014

Photographer: Spiros Bourgikos

Location: Morton Grove Pharmaceuticals, Morton Grove, Illinois

Subject: Empty containers used for satellite storage.



Picture # 4

Date: September 8, 2014

Photographer: Spiros Bourgikos

Location: Morton Grove Pharmaceuticals, Morton Grove, Illinois

Subject: Hazardous waste stored in a flammable liquid cabinet. This waste was generated at the QC Lab.



Picture # 5

Date: September 8, 2014

Photographer: Spiros Bourgikos

Location: Morton Grove Pharmaceuticals, Morton Grove, Illinois

Subject: A close up of the labels attached to the containers shown in Picture #4

ATTACHMENT C

Checklist

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
	PART 722: STANDARDS APPLICABLE TO GENERATORS OF HAZARDOUS WASTE (>1000 KG/MO.)	
	SUBPART A: GENERAL	
722.111	Section 722.111 Hazardous Waste Determination Has the generator correctly determined if the solid waste(s) it generates is a hazardous waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.111
	Have hazardous wastes been identified for purposes of compliance with Part 728? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
808.121(a)	Has the generator correctly determined if the solid waste(s) it generates is a special waste? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	808.121(a)
722.112(a)	Section 722.112 USEPA Identification Numbers Has the generator obtained a USEPA identification number? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.112(a)
722.112(c)	Has the generator offered its hazardous waste only to transporters or to treatment, storage or disposal facilities that have a USEPA identification number? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.112(c)
	SUBPART B: THE MANIFEST	
722.120(a)	Section 722.120 General Requirements Does the facility manifest its waste off-site? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.120(a)
722.120(b)	Does the manifest designate a facility permitted to handle the waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.120(b)
722.120(d)	<i>some manifest were missing TSD signature</i> Has the generator shipped any waste that could not be delivered to the designated facility? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.120(d)
722.121(a)	Section 722.121 Acquisition of Manifests Has the generator used: - an Illinois manifest for wastes designated to a facility within Illinois? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.121(a)
722.121(b)	- a manifest from the State to which the manifest is designated? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.121(b)
	- an Illinois manifest if the State to which the waste is designated has no manifest of its own? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
722.122	Section 722.122 Number of Copies Does the manifest consist of at least 6 copies? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.122
722.123(a)	Section 722.123 Use of the Manifest For each manifest reviewed, has the generator: - signed the certificate by hand? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.123(a)
	- obtained the handwritten signature and the date of acceptance by the initial transporter? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
	- retained one copy as required by Section 722.140(a)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
	- apparently sent a copy (part 5 for the Illinois manifest) to the Agency within 2 working days? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
722.123(b)	- has the generator apparently given the remaining copies to the transporter? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.123(b)
722.123(c)	- has the generator followed the procedures prescribed in Section 722.123 for manifesting bulk shipments of hazardous waste by rail or water? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.123(c)

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
	SUBPART C: PRE-TRANSPORT REQUIREMENTS	
722.130	Is there any hazardous waste ready for transport off-site? Yes _____ No <input checked="" type="checkbox"/> N/A _____	722.130
	If so, is the generator complying with the pre-transport requirements in Subpart C? Yes _____ No _____ N/A _____	
(722.134(a))	Section 722.134 Accumulation Time Has the generator complied with the following requirements: Yes _____ No _____ N/A _____	
(722.134(a)(1))	A) For waste in containers, has the generator complied with the requirements of Part 725, Subpart I, AA, BB, and CC? Yes <input checked="" type="checkbox"/> No _____ N/A _____	
	and/or B) For waste in tanks, has the generator complied with the requirements of Part 725, Subpart J, AA, BB, and CC (except Sections 725.297(c) and 725.300)? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	
	and/or C) For waste on drip pads, has the generator complied with the requirements of Part 725, Subpart W and maintained the required records identified in this subsection? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	
	and/or D) For waste in containment buildings, has the generator complied with Part 725, Subpart DD and maintained the required records identified in this subsection? Yes _____ No _____ N/A _____	
(722.134(a)(2))	For waste in containers, has the generator marked and made visible for inspection on each container, the date upon which accumulation began? Yes <input checked="" type="checkbox"/> No _____ N/A _____	
(722.134(a)(3))	For waste in containers and tanks, has the generator marked or labeled each with the words "Hazardous Waste"? Yes <input checked="" type="checkbox"/> No _____ N/A _____	
(722.134(a)(4))	Has the generator complied with the requirements of Part 725, Subparts C and D, and Sections 725.116 and 728.107(a)(4)? Yes _____ No _____ N/A _____	
	Specifically, the requirements of items 1 and/or 4 above (listed by regulation) which need to be complied with are as follows:	
	Does the facility accumulate hazardous waste in containers? Yes <input checked="" type="checkbox"/> No _____ N/A _____	
	If "No", go to Subpart J.	
	SUBPART I: USE AND MANAGEMENT OF CONTAINERS	
(725.211)	Has the generator closed an accumulation area? Yes _____ No _____ N/A _____	725.211
(725.214)	If "Yes", was the accumulation area closed in accordance with Sections 725.211 and 725.214? Yes _____ No _____ N/A _____	725.214
(725.271)	If the containers have leaked or are in poor condition, has the owner/operator transferred the hazardous waste to a suitable container? Yes _____ No _____ N/A _____	
(725.272)	Is the waste compatible with the container and/or liner? Yes <input checked="" type="checkbox"/> No _____ N/A _____	
(725.273(a))	Are containers of hazardous waste always closed except to remove or add waste during accumulation? Yes <input checked="" type="checkbox"/> No _____ N/A _____	
(725.273(b))	Are containers of hazardous waste being opened, handled, or stored in a manner which will prevent the rupture of the container or prevent it from leaking? Yes <input checked="" type="checkbox"/> No _____ N/A _____	

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.274)	<p>Is the owner/operator inspecting the accumulation area(s) at least weekly, looking for leaks or deterioration? Yes <u>✓</u> No <u> </u> N/A <u> </u></p> <p>Is the accumulation area free from any evidence of leaking or deteriorating containers? (See also Section 725.131) Yes <u> </u> No <u> </u> N/A <u> </u></p>	
(725.276)	<p>Are containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from the facility's property line? Yes <u> </u> No <u> </u> N/A <u> </u></p> <p>Note: See Section 725.117(a) for additional requirements for ignitable, reactive or incompatible wastes.</p>	<i>Containers stored in closed cabinets</i>
(725.277)	<p>Is the owner/operator complying with the requirements concerning incompatible wastes? Yes <u> </u> No <u> </u> N/A <u> </u></p> <p>COMMENTS:</p>	
(725.278)	<p>Section 725.278 Air Emission Standards</p> <p>Is the owner or operator managing all hazardous waste placed in containers in accordance with Subparts AA, BB and CC of Part 725? Yes <u> </u> No <u> </u> N/A <u> </u></p> <p>Comments:</p> <p>Does the generator accumulate and/or treat hazardous waste in tanks? Yes <u> </u> No <u> </u> N/A <u> </u></p> <p>Note: If "No", go to Subpart C.</p> <p>SUBPART J: TANK SYSTEMS <i>NO</i></p>	
(725.211) (725.214)	<p>Has the generator closed an accumulation area? Yes <u> </u> No <u> </u> N/A <u> </u></p> <p>If "Yes", was the accumulation area closed in accordance with Sections 725.211 and 725.214? Yes <u> </u> No <u> </u> N/A <u> </u></p>	725.211
(725.290)	<p>Does the facility accumulate or treat hazardous waste in tanks? Yes <u> </u> No <u> </u> N/A <u> </u></p> <p>Note: A generator may treat hazardous waste in a tank for less than 90 days without a RCRA permit.</p> <p>If "No", skip Subpart J.</p> <p>a) Tank systems that are used to accumulate or treat hazardous waste which contains no free liquids (using the Paint Filter Liquids Test) and that are situated inside a building with an impermeable floor are exempted from the requirements in Section 725.293.</p> <p>b) Tank systems, including sumps, that serve as part of a secondary containment system to collect or contain releases of hazardous wastes are exempted from the requirements in Section 725.293(a).</p> <p>c) Tanks, sumps and other collection devices used in conjunction with drip pads (as defined in Section 720.110) and regulated under Subpart W, must meet the requirements of this Subpart.</p>	725.214

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(725.291(a))	For tanks existing prior to July 14, 1986 (see definition of tank system under 720.110) and not protected by a secondary containment system, has a written assessment been reviewed and certified by an IRPE(*) in accordance with Section 702.126(d) by January 12, 1988 [except as provided in Section 725.291(c)]? Yes _____ No _____ N/A _____	
(725.291(b))	Does this assessment consider at least the following: 1) design standards for the tank and ancillary equipment? Yes _____ No _____ N/A _____ 2) hazardous characteristics of the wastes? Yes _____ No _____ N/A _____ 3) existing corrosion protection measures? Yes _____ No _____ N/A _____ 4) documented age of the tank system? Yes _____ No _____ N/A _____ 5) results of a leak test, internal inspection, or other tank integrity examination? Yes _____ No _____ N/A _____ *IRPE = Independent Registered Professional Engineer	
(725.291(c))	Has a tank system assessment been performed within 12 months after the materials in the tank become a hazardous waste? Yes _____ No _____ N/A _____ Note: If an assessment indicates a tank system is leaking or unfit for use, the owner/operator must comply with the requirements of Section 725.291(b)(5).	
(725.292(a))	For new tanks (see definition of new tanks under Section 720.110) whose installation commenced after 07/14/86, has a written assessment been reviewed and certified by an IRPE in accordance with Section 702.126(d) prior to operation of the tank system? Yes _____ No _____ N/A _____ Does the assessment include, at a minimum, the following: 1) design standards for tanks and ancillary equipment? Yes _____ No _____ N/A _____ 2) hazardous characteristics of the waste(s) to be handled? Yes _____ No _____ N/A _____ 3) evaluation of potential for corrosion and corrosion protection measures for tank systems with metal components in contact with soil or water? Yes _____ No _____ N/A _____ 4) design or operational measures that will protect underground tank systems from potential damage resulting from vehicular traffic? Yes _____ No _____ N/A _____ 5) designs to ensure adequate foundations, anchoring to prevent flotation or dislodgment and the ability to withstand the effects of frost heave? Yes _____ No _____ N/A _____	
(725.292(g))	Has the owner/operator obtained and kept on file at the facility the written statements, including the certification statements [as required in Section 702.126(d)] of the design and installation requirements of Subsections (b) through (f)? Yes _____ No _____ N/A _____	

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(725.293(a))	<p>Is secondary containment provided for any new tank system before being put into service? Yes _____ No _____ N/A _____</p> <p>Does an existing tank, used to accumulate F020, F021, F022, F023, F026 or F027 waste(s), have secondary containment by 1/12/89? Yes _____ No _____ N/A _____</p> <p>For an existing tank of documentable age, is secondary containment provided by 1/12/89 or when the tank is 15 years old, whichever is later? Yes _____ No _____ N/A _____</p> <p>For an existing tank of undocumentable age, has secondary containment been provided by 1/12/95? Yes _____ No _____ N/A _____</p> <p>or</p> <p>if the facility is older than 7 years, by the time the facility reaches 15 years of age or 1/12/89, whichever is later? Yes _____ No _____ N/A _____</p> <p>For tanks that accumulate wastes that become hazardous after 1/12/87, has secondary containment been provided within the time intervals required in Subsections (a)(1) through (a)(4) substituting the date that a material becomes a hazardous waste for 1/12/87? Yes _____ No _____ N/A _____</p>	
(725.293(b))	<p>Is the secondary containment system designed, installed and operated to prevent migration of wastes or accumulated liquid out of the system at any time? Yes _____ No _____ N/A _____</p> <p>Is the secondary containment system capable of detecting and collecting releases and accumulated liquids until the collected material is removed? Yes _____ No _____ N/A _____</p>	
(725.293(c))	<p>To meet the requirements of Subsection (b), is the secondary containment system:</p> <ol style="list-style-type: none"> 1) compatible with the waste(s) in the tank and of sufficient strength and thickness to prevent failure? Yes _____ No _____ N/A _____ 2) placed on a foundation or base capable of providing support, providing resistance to pressure gradients and preventing failure due to settlement, compression or uplift? Yes _____ No _____ N/A _____ 3) provided with a leak detection system designed and operated to detect any release or accumulated liquid within 24 hours? Yes _____ No _____ N/A _____ 4) sloped or otherwise designed or operated to drain and remove liquids resulting from leaks, spills or precipitation? Yes _____ No _____ N/A _____ <p>and</p> <p>is spilled or leaked waste and accumulated precipitation removed from the secondary containment within 24 hours? Yes _____ No _____ N/A _____</p> <p>Note: A RCRA permit may allow for removal of liquids less frequently than 24 hours after accumulation.</p>	
(725.293(d))	<p>Does the secondary containment for tanks have one or more of the following:</p> <ol style="list-style-type: none"> 1) a liner (external to the tank); or 2) a vault; or 3) a double-walled tank; or 4) an equivalent device (approved by the Board)? Yes _____ No _____ N/A _____ 	
(725.293(e))	<p>Does the external liner system(s), vault system(s) and/or double-walled tank(s) meet the additional requirements identified in Section 725.293(e)? Yes _____ No _____ N/A _____</p>	

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.293(f))	<p>Is ancillary equipment protected by secondary containment that meets the requirement of Subsection (h) and (c)?</p> <p>Yes _____ No _____ N/A _____</p> <p>If "No":</p> <p>1) Is aboveground piping (exclusive of flanges, joints, valves and connections) inspected daily?</p> <p>Yes _____ No _____ N/A _____</p> <p>2) Are welded flanges, joints and connections inspected daily?</p> <p>Yes _____ No _____ N/A _____</p> <p>3) Are sealless or magnetic coupling pumps and sealless valves inspected daily?</p> <p>Yes _____ No _____ N/A _____</p> <p>4) Are pressurized aboveground piping systems with automatic shut-off devices inspected daily?</p> <p>Yes _____ No _____ N/A _____</p>	
(725.293(i))	<p>Until such time as secondary containment is provided, are the following requirements being met for all tank systems:</p> <p>1) For non-enterable underground tanks, has an annual leak test that meets the requirements of 725.291(b)(5) been conducted?</p> <p>Yes _____ No _____ N/A _____</p> <p>2) For other than non-enterable underground tanks and ancillary equipment, has an annual leak test, internal inspection or other tank integrity examination by an IRPE been conducted?</p> <p>Yes _____ No _____ N/A _____</p> <p>3) Are written records maintained at the facility to document the assessments required under Subsections (i)(1) and (i)(2)?</p> <p>Yes _____ No _____ N/A _____</p> <p>Note: If a tank system is found to be leaking or unfit for use as a result of a leak test or assessment, the owner/operator must comply with Section 725.296.</p>	
(725.294(a))	<p>Has the owner/operator placed hazardous wastes or treatment reagents in the tank system that could cause the system to rupture, leak, corrode or otherwise fail?</p> <p>Yes _____ No _____ N/A _____</p>	
(725.294(b))	<p>Do tanks and secondary containment have appropriate controls and practices to prevent spills and overflows including:</p> <p>1) spill prevention controls?</p> <p>Yes _____ No _____ N/A _____</p> <p>2) overfill prevention controls?</p> <p>Yes _____ No _____ N/A _____</p> <p>3) sufficient freeboard in uncovered tanks?</p> <p>Yes _____ No _____ N/A _____</p>	
(725.294(c))	<p>Note: If a leak or spill has occurred in the tank system, the owner/operator shall comply with the requirements of Section 725.296.</p>	
(725.295(a))	<p>Does the owner/operator inspect, if present, at least each operating day, the following:</p> <p>1) overfill/spill control equipment?</p> <p>Yes _____ No _____ N/A _____</p> <p>2) the aboveground portion of the tank system for corrosion or releases?</p> <p>Yes _____ No _____ N/A _____</p> <p>3) data from monitoring equipment?</p> <p>Yes _____ No _____ N/A _____</p> <p>4) the construction materials and the area immediately surrounding the external portion of the system?</p> <p>Yes _____ No _____ N/A _____</p>	
(725.295(b))	<p>If the tank system has cathodic protection, is the owner/operator complying with Section 725.295(b) to ensure that they are functioning properly?</p> <p>Yes _____ No _____ N/A _____</p>	
(725.295(c))	<p>Does the owner/operator document in the operating record, the results of tank inspections as required in Section 725.295(a) and (b)?</p> <p>Yes _____ No _____ N/A _____</p>	

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.296)	<p>If the tank system or secondary containment system has a leak or spill or is unfit for use, has the owner/operator:</p> <p>a) immediately ceased using; prevented flow or addition of waste and inspected the system to determine the cause of the release? Yes _____ No _____ N/A _____</p> <p>b) removed applicable waste from the system within 24 hours of detection? Yes _____ No _____ N/A _____</p> <p>c) immediately conducted a visual inspection of the release and taken actions to contain visible releases to the environment, prevented further migration to soils or surface water and removed and properly disposed of any contaminated soil or water? Yes _____ No _____ N/A _____</p>	
(725.296(d))	<p>d) notified the Agency within 24 hours of detection of release? Yes _____ No _____ N/A _____</p> <p>d)3) within 30 days of detection of release, submitted a report to the Agency that complies with the requirements of Section 725.296(d)(3)? Yes _____ No _____ N/A _____</p> <p>Note: Notification and reports are not necessary if less than 1 pound of material is spilled and it was immediately contained and cleaned up.</p>	
(725.296(e))	<p>e) repaired the tank system prior to returning the tank system to service in the event that a leak has occurred from the primary tank system into the secondary containment system? Yes _____ No _____ N/A _____</p> <p>e)4) provided secondary containment before returning a tank system to service in the event that the release was from a component of a tank system without secondary containment? Yes _____ No _____ N/A _____</p> <p>e)4) met the requirements for a new tank system in the event that a component is replaced during repair? Yes _____ No _____ N/A _____</p> <p>e)4) provided the entire component with secondary containment prior to being returned to use in the event that a leak has occurred in any portion of a component that is not readily accessible for visual inspection? Yes _____ No _____ N/A _____</p>	
(725.296(f))	<p>f) In the event that an extensive repair has been conducted in accordance with subsection (e), submitted to the Agency within 7 days after returning the tank system to use, a certification by an IRPE stating that the repaired system is capable of handling hazardous wastes without release for the intended life of the system? Yes _____ No _____ N/A _____</p> <p>Note: If the owner/operator does not satisfy the requirements of subsections (e)(2) through (e)(4), the tank system must be closed in accordance with Section 725.297.</p>	
(725.297(a))	<p>At the time of closure of a tank system, has the owner/operator removed or decontaminated all waste residues, contaminated components, contaminated soils and structures and equipment and managed them as hazardous waste [unless Section 721.103(d) applies]? Yes _____ No _____ N/A _____</p>	
(725.297(a))	<p>Have the closure plan, closure activities, cost estimates for closure and financial responsibility for tank systems met all requirements specified in Subparts G and H? Yes _____ No _____ N/A _____</p>	
(725.297(b))	<p>If the tank system cannot be "clean" closed, has the owner/operator closed the tank system and performed post-closure care in accordance with the closure and post-closure care requirements that apply to landfills (Section 725.410)? Yes _____ No _____ N/A _____</p> <p>Note: Such a tank system is considered a landfill and must meet all of the requirements of landfills specified in Subparts G and H.</p>	

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(725.298(a))	<p>Are ignitable or reactive wastes placed in a tank system? Yes _____ No _____ N/A _____</p> <p>If "No", skip to Section 725.299.</p> <p>Is the waste treated, rendered or mixed before or immediately after placement in the tank system so that: - the resulting waste, mixture or dissolved material is no longer ignitable or reactive? Yes _____ No _____ N/A _____</p> <p>- Section 725.117(b) is complied with? Yes _____ No _____ N/A _____</p> <p>or</p> <p>Is the waste accumulated or treated so that it is protected from any material or conditions which may lead to ignition or reaction? Yes _____ No _____ N/A _____</p> <p>or</p> <p>Is the tank used solely for emergencies? Yes _____ No _____ N/A _____</p>	
(725.298(b))	<p>Is the facility complying with the requirements regarding maintenance of protective distances between the waste management area and any public ways, streets, alleys or any adjoining property line? Yes _____ No _____ N/A _____</p>	
(725.299)	<p>Are incompatible wastes/materials placed in the same tank? Yes _____ No _____ N/A _____</p> <p>If "No", skip to Section 725.300.</p> <p>Is Section 725.117(b) being complied with? Yes _____ No _____ N/A _____</p> <p>Has the tank system been properly decontaminated if it previously held an incompatible waste/material unless Section 725.117(b) is complied with? Yes _____ No _____ N/A _____</p> <p>COMMENTS:</p>	
(725.302)	<p>Section 725.302 Air Emission Standards</p> <p>Is the owner or operator managing all hazardous waste placed in tanks in accordance with Subparts AA, BB and CC of Part 725? Yes _____ No _____ N/A _____</p> <p>Comments:</p>	

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(725.131)	SUBPART C: PREPAREDNESS AND PREVENTION Is the facility being operated and maintained to minimize the possibility of a fire, explosion or any release of hazardous waste or hazardous waste constituents which could threaten human health or the environment? Yes <u>Y</u> No _____ N/A _____	
(725.132)	Is the facility equipped with the following, if necessary: a) an internal communication or alarm system(s)? Yes <u>Y</u> No _____ N/A _____ b) a telephone or other device to summon emergency assistance from local authorities? Yes _____ No _____ N/A _____ c) portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment? Yes <u>✓</u> No _____ N/A _____ d) water at adequate volume and pressure for fire control? Yes <u>✓</u> No _____ N/A _____	
(725.133)	Is the facility testing and maintaining communication/alarm system(s), fire protection equipment, spill control equipment and decontamination equipment? Yes <u>✓</u> No _____ N/A _____	
(725.134)	a) Where hazardous waste is being handled, do all employees have immediate access to an internal alarm or other emergency communication device? Yes <u>✓</u> No _____ N/A _____ b) If there is ever just one employee on the premises when the facility is operating, does he/she have immediate access to a device capable of summoning external emergency assistance? Yes <u>✓</u> No _____ N/A _____	
(725.135)	Is the facility maintaining adequate aisle space? Yes <u>✓</u> No _____ N/A _____	
(725.137)	Has the facility attempted to make the following arrangements, as appropriate, for the type of facility and waste: - arrangements with local emergency authorities (i.e. police and fire departments, other emergency response agencies) to familiarize them with the layout of the facility, properties of hazardous waste handled, places where facility personnel would be working, entrances to roads inside the facility and evacuation routes? Yes <u>✓</u> No _____ N/A _____ - agreements designating the primary authority where more than one police or fire department might respond? Yes <u>✓</u> No _____ N/A _____ - agreements with State emergency response teams, contractors and equipment suppliers? Yes <u>✓</u> No _____ N/A _____ - arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the type of injuries or illnesses which could result from fires, explosions or releases at the facility? Yes <u>✓</u> No _____ N/A _____	
	SUBPART D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES	
(725.151(a))	Is the contingency plan available? Yes <u>✓</u> No _____ N/A _____ If "No", skip to Section 725.155. Is the plan designed to protect human health and the environment from releases to the air, soil and water? Yes <u>✓</u> No _____ N/A _____	
(725.151(b))	Has there been a fire, explosion or release of hazardous waste? Yes _____ No <u>✓</u> N/A _____ If "Yes", has the contingency plan been carried out immediately? Yes _____ No _____ N/A _____	
(725.152(a))	Does the plan describe the actions required for response to: - fires? Yes <u>✓</u> No _____ N/A _____ - explosions? Yes <u>✓</u> No _____ N/A _____ - releases? Yes <u>✓</u> No _____ N/A _____	

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(725.152(c))	<p>Does the plan describe arrangements with:</p> <ul style="list-style-type: none"> - police and fire departments? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - hospitals? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - contractors? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - emergency response teams? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 	
(725.152(d))	<p>Does the plan contain the current emergency coordinator's name, phone (office and home) and address?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.152(e))	<p>Does the plan identify all emergency equipment including:</p> <ul style="list-style-type: none"> - description? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - capability? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - location? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> <p>Is the list of emergency equipment up-to-date?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.152(f))	<p>Does the plan include:</p> <ul style="list-style-type: none"> - an evacuation plan? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - an evacuation signal? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - alternate evacuation routes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 	
(725.153)	<p>Has the contingency plan (including all revisions) been:</p> <ul style="list-style-type: none"> a) maintained at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> b) submitted to: <ul style="list-style-type: none"> - police department? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - fire department? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - hospital? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - emergency response teams? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 	
(725.154)	<p>Has the contingency plan been reviewed and revised whenever:</p> <ul style="list-style-type: none"> a) regulations are revised? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> b) the plan fails in an emergency? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> c) the facility changes in a way that modifies the emergency response necessary? <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> d) information regarding emergency coordinators changes? <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> e) information regarding equipment changes? <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> 	
(725.155)	<p>Is the emergency coordinator on-site or on call at all times?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Is the emergency coordinator familiar with all facility activities, wastes, records, layout and contingency plan?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Does the emergency coordinator have the authority to commit the resources needed to carry out the actions specified in the contingency plan?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.156)	<p>If the facility has had a release, fire or explosion, have the procedures of this Section been followed regarding assessment, response and reporting?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>Note: If the facility has had a release, explain in detail.</p>	

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.116(a))	<p>Section 725.116 Personnel Training</p> <p>Does the facility have a training program?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Have facility personnel successfully completed a program of classroom or on-the-job training that teaches them to perform their duties in a way that ensures the facility's compliance with the requirements of Part 725?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Is the program directed by a person trained in hazardous waste management procedures?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Does the program teach facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Does the program cover, at a minimum:</p> <ul style="list-style-type: none"> - procedures to familiarize facility personnel with emergency procedures, emergency equipment and emergency systems? - procedures for using, inspecting, repairing and replacing facility emergency and monitoring equipment? - key parameters for automatic waste feed cut-off systems? - communications or alarm systems? - response to fire or explosions? - response to groundwater contamination incidents? - shutdown of operations? <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.116(b))	<p>Have new employees completed the program within 6 months of the date of employment or assignment to a position requiring them to manage hazardous waste?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.116(c))	<p>Have facility personnel received an annual review of the initial training?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.116(d))	<p>Are the following documents and records being maintained at the facility:</p> <ol style="list-style-type: none"> 1) the job title for each position related to hazardous waste management and the name(s) of the employee(s) filling each job? 2) a written job description for each position above, including the requisite skill, education or other qualifications and duties of personnel assigned to each position? 3) a written description of the type and amount of both initial and continuing training that will be given to each person filling a position dealing with hazardous waste management? 4) records documenting that the training or job experience has been given to and completed by facility personnel? <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.116(e))	<p>Is the facility maintaining training records until closure of the facility and those of former employees for at least 3 years from the last date of employment?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(728.107(a)(5))	<p>Section 728.107 Waste Analysis and Recordkeeping</p> <p>Has the generator who treats a prohibited waste in tanks or containers in order to meet the treatment standards developed and followed a waste analysis plan?</p> <p>Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>Is the plan on-site?</p> <p>Yes _____ No _____ N/A _____</p> <p>Does the plan include a detailed physical and chemical analysis?</p> <p>Yes _____ No _____ N/A _____</p> <p>Has the plan been filed with the Agency at least 30 days prior to commencement of treatment activity?</p> <p>Yes _____ No _____ N/A _____</p> <p>Has the generator submitted the required notification and certification that the waste meets treatment standards when the waste is shipped off-site?</p> <p>Yes _____ No _____ N/A _____</p>	
722.134(c)	<p>Section 722.134 Satellite Accumulation</p> <p>Is the generator who accumulates hazardous waste at or near any point of generation where wastes initially accumulate and which is under the control of the operator of the process generating the waste, limiting such accumulation to 55 gallons of hazardous waste or 1 quart of acutely hazardous waste, complying with Sections 725.271, 725.272 and 725.273(a), and marking the containers with the words "Hazardous Waste" or other words identifying the contents?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p> <p>Has the generator who accumulates more than 55 gallons of hazardous waste or 1 quart of acutely hazardous waste complied with the requirements of Section 722.134(a) within 3 working days?</p> <p>Yes _____ No _____ N/A _____</p> <p>If there are more than 55 gallons of hazardous waste or 1 quart of acutely hazardous waste in the satellite accumulation area, are the containers marked with the date accumulation began?</p> <p>Yes _____ No <input checked="" type="checkbox"/> N/A _____</p> <p>During the 3 day period, is the generator continuing to comply with the requirements of Section 722.134(c)(1) with respect to the excess waste?</p> <p>Yes _____ No <input checked="" type="checkbox"/> N/A _____</p>	one drum was not labeled
722.134(g)	<p>Note: A generator that generates 1,000 kilograms or greater of hazardous waste per calendar month which also generates wastewater treatment sludges from electroplating operations that meet the listing description for the hazardous waste code F006 may have alternate accumulation requirements if the conditions of 722.134(g), (h), or (i) are fulfilled.</p>	
	SUBPART D: RECORDKEEPING AND REPORTING	
722.140(a)	<p>Section 722.140 Recordkeeping</p> <p>Has the generator retained for a period of 3 years:</p> <p>- a copy of each signed manifest?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	722.140(a)
722.140(b)	<p>Has the generator retained a copy of each Annual Report and Exception Report for a period of at least three years from the due date of the report (March 1)?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	722.140(b)
722.140(c)	<p>Has the generator retained for a period of 3 years:</p> <p>- copies of test results, waste analyses or other determinations made in accordance with Section 722.111?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	722.140(c)
722.140(d)	<p>Does a generator who is involved in any unresolved enforcement action or as requested by the Director continue to maintain the records required in subsections a) and c)?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	722.140(d)
722.141(a)	<p>Section 722.141 Annual Reporting</p> <p>Has the generator who ships hazardous waste off-site for treatment, storage or disposal filed an annual report with the Agency by March 1 for the preceding calendar year?</p> <p>Yes _____ No <input checked="" type="checkbox"/> N/A _____</p> <p>Note: If "No", or if deficiencies are noted with the annual report reviewed, contact the Planning and Reporting Section.</p>	722.141(a)

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
722.141(b)	Has the generator who treats, stores or disposes of hazardous waste on-site, filed an annual report with the Agency by March 1 for the preceding calendar year? Yes _____ No <input checked="" type="checkbox"/> N/A _____	
722.142(a)(1)	Section 722.142 Exception Reporting If the generator has not received a copy of the manifest from the TSD facility within 35 days of the date of delivery to the transporter, has the generator contacted the transporter or the TSD facility to determine the status of the hazardous waste? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	722.141(b)
722.142(a)(2)	If the generator has not received a copy of the signed manifest within 45 days of the date of delivery to the transporter, has he filed an exception report with the Agency in accordance with the requirements of this Section? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	722.142(a)(1)
722.143	Section 722.143 Additional Reporting Has the generator furnished additional reports as required by the Director? Yes _____ No _____ N/A _____	722.142(a)(2)
722.150	SUBPART E: EXPORTS OF HAZARDOUS WASTE <input checked="" type="checkbox"/> Is the generator an exporter of hazardous waste? Yes _____ No _____ N/A _____ If "Yes", has the generator complied with the requirements of Subpart E? Yes _____ No _____ N/A _____	722.143
722.160	SUBPART F: IMPORTS OF HAZARDOUS WASTE <input checked="" type="checkbox"/> Is the generator an importer of hazardous waste? Yes _____ No _____ N/A _____ If "Yes", has the generator complied with the requirements of Subpart F? Yes _____ No _____ N/A _____	722.150
722.170	SUBPART G: FARMERS Is the generator a farmer? Yes _____ No _____ N/A _____ If "Yes", has the generator complied with the requirements of Subpart G? Yes _____ No _____ N/A _____	722.160
	COMMENTS:	722.170

ATTACHMENT D
Document(s) Copied

Inspection Document Log

Facility Name: Morton Grove Pharmaceuticals

Location: Morton Grove Illinois

Document No.	Document Description	Received	CBI Claim
1	Environmental Incident Control Plan (34 pages)	9/8/2014	No
2	Hazardous Waste Storage and Disposition SOP (6 pages)	9/8/2014	No
3	Training records (3 Pages)	9/8/2014	No
4	2013 Waste Shipment Summary (2 Pages)	9/8/2014	No

ATTACHMENT E
[Post-Inspection Documents]

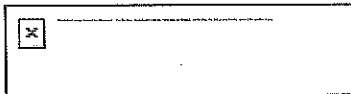
Bourgikos, Spiros

From: Ben Davis <bdavis@mgp-online.com>
Sent: Friday, September 19, 2014 5:05 PM
To: Bourgikos, Spiros
Subject: MGP Manifests 2012
Attachments: removed.txt; 10.19.2012.pdf; 12.21.2012.pdf; 02.24.2012.pdf; 05.08.2012.pdf; 05.17.2012.pdf; 08.08.2012.pdf

Spiros,

Please see attached 2012 manifests

Benjamin Davis
EH&S Specialist I
Morton Grove Pharmaceuticals, Inc.
6451 Main Street
Morton Grove, IL 60053
Phone: 847-410-6758



This communication (including its attachments) is the property of Morton Grove Pharmaceuticals (MGP) and Wockhardt USA, LLC (WUSA); is to be used by the intended recipient only, and may include MGP and WUSA confidential proprietary information. The unauthorized use, disclosure, dissemination or copying of any part of this communication is prohibited.

836131

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number ILD964774877	2. Page 1 of 3	3. Emergency Response Phone 800-388-7242	4. Manifest Tracking Number 009533546 JJK	
5. Generator's Name and Mailing Address MORTON GROVE PHARMACEUTICALS 6451 WEST MAIN STREET MORTON GROVE, IL 60053			Generator's Site Address (if different than mailing address)			
Generator's Phone: 847-410-6757			U.S. EPA ID Number			
6. Transporter 1 Company Name THUNDERBIRD TRUCKING, LLC			INR000123497			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address TRADEBE TREATMENT AND RECYCLING LLC 4343 KENNEDY AVENUE EAST CHICAGO, IN 46312			U.S. EPA ID Number			
Facility's Phone: 219-397-3951			IND000646943			
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type	11. Total Quantity	12. Unit WT/Vol.	13. Waste Codes	
X	1. UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGII, (DIMETHYLFORMAMIDE, NYSTATIN), ERG128	2 DF	90	P	D001	
X	2. UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGII, (ACETONITRILE, METHANOL), ERG128	6 DF	300	P	D001 F003	
X	3. RQ, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGII, (TETRACHLOROETHYLENE CHLOROFORM), ERG128 (RQ-D001)	11 DM	4400	P	D001 F003	
X	4. UN2824, WASTE FLAMMABLE LIQUIDS, CORROSIVE, N.O.S., 3(8), PGII, (ISOPROPANOL, POTASSIUM HYDROXIDE), ERG132	1 DF	50	P	D001 D002	
14. Special Handling Instructions and Additional Information Emergency Response Provider: TRADEBE TREATMENT AND RECYCLING LLC CONFIRM LP-EMORT11 TRUCK#42 [1]1361038(LF)2x5DF [2]50021305(ZV)16x5DF [3]70664(LF)11x55DM [4]50014180VC(V)1x5DF						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offor's Printed/Typed Name X William Sheridan		Signature X William Sheridan		Month Day Year 5 17 12		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name JOHN PARISE Signature Month Day Year 5 17 12 Transporter 2 Printed/Typed Name Signature Month Day Year						
18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: U.S. EPA ID Number 18b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 1. H001 2. H001 3. H001 4. H001						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Kimberly Addison Signature Month Day Year 5 17 12						

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number ILD984774877	22. Page 2 of 3	23. Manifest Tracking Number 009533546 JJK		
24. Generator's Name MORTON GROVE PHARMACEUTICALS						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
X	5) UN1325, WASTE FLAMMABLE SOLIDS, ORGANIC, N.O.S., 4.1, PGII, (SOLVENT SOAKED RAGS, CHROMATOGRAPHY TUBES), ERG133	1	DF	75	P	D001
X	6) UN3099, WASTE OXIDIZING LIQUID, TOXIC, N.O.S., 5.1(6.1), PGII, (LEAD NITRATE, SODIUM NITRATE), ERG142	1	DF	10	P	D001 D008 D007
X	7) UN1680, WASTE POTASSIUM CYANIDE, SOLID, 6.1, PGI, (POTASSIUM CYANIDE), ERG157	1	DF	2	P	D003 P098
X	8) RQ, UN2810, WASTE TOXIC, LIQUIDS, ORGANIC, N.O.S., 6.1, PGII, (TETRACHLOROETHYLENE CHLOROFORM), ERG153 (RQ=D009)	3	DF	150	P	D009 D019 D021 D022 D039 D040
X	9) UN1092, WASTE ACROLEIN, STABILIZED, 6.1(3), PGI, (ACROLEIN), ERG131P (POISON INHALATION HAZARD ZONE A) (DOT-SP 13192)	1	CF	5	P	D001 D003
X	10) UN3262, CORROSIVE SOLID, BASIC, INORGANIC, N.O.S., 8, PGII, (POTASSIUM HYDROXIDE), ERG154	1	DF	5	P	none
X	11) UN3264, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S., 8, PGII, (SULFURIC ACID, PHOSPHORIC ACID), ERG154	1	DF	10	P	D002
X	12) UN3093, WASTE CORROSIVE LIQUIDS, OXIDIZING, N.O.S., 8(5.1), PGII, (PERCHLORIC ACID, METHANOL), ERG140	8	DF	400	P	D001 D002 F003
X	13) UN2922, WASTE CORROSIVE LIQUIDS, TOXIC, N.O.S., 8(6.1), PGII, (LEAD, SELENIUM SULFIDE), ERG154	2	DF	100	P	D008 D002
X	14) RQ, UN3077, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., 9, PGII, (LINDANE, BENZENE HEXACHLORIDE), ERG171 (RQ=D013, U129)	4	DF	400	P	D013 U129
32. Special Handling Instructions and Additional Information [5]LP-EMORT11-1(ZN)1x5DF [6]LP-EMORT11-4(ZI)1x5DF [7]LP-EMORT11-2(ZP2)1x5DF [8]707172(LI)3x5DF F002 D001 [9]LP-EMORT11-5(ZA)1x5DF [10]LP-EMORT11-3(ZCH)1x5DF [11]LP-EMORT11-5(ZA)1x5DF [12]50014179(LP7)8x5DF 50014814 706839						
33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 5 H001 16 H141 17 H141 18 H141 19 H141 10 H001 111 H141 112 H141 113 H141 114 H141						

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number ILD984774877	22. Page 3 of 3	23. Manifest Tracking Number 009533546 JJK				
24. Generator's Name MORTON GROVE PHARMACEUTICALS								
25. Transporter _____ Company Name				U.S. EPA ID Number				
26. Transporter _____ Company Name				U.S. EPA ID Number				
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes		
		No.	Type			D013	U129	D001
X	15) RQ, UN3082, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, LIQUID, N.O.S., 9, PGIII, (LINDANE, ACETONE), ERG171 (RQ=D013,U129)	3	DM	1200	P	D013	U129	D001
X	16) RQ, UN3082, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, LIQUID, N.O.S., 9, PGIII, (LINDANE, ACETONE), ERG171 (RQ=D013,U129)	8	DM	3200	P	D013	U129	D001
X	17) UN3077, ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., 9, PGIII, (UNIVERSAL WASTE-HALIDE LAMPS), ERG171	1	DF	10	P	none		
X	18) UN3077, ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., 9, PGIII, (NON PCB BALLASTS), ERG171	1	DF	50	P	none		
X	19) RQ, UN3082, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, LIQUID, N.O.S., 9, PGIII, (LINDANE, ACETONE), ERG171 (RQ=D013,U129)	1	DF	50	P	D013	U129	D001
	20) NON RCRA / NON DOT REGULATED MATERIAL, (USED OIL)	1	DF	250	P	none		
	21) NON RCRA / NON DOT REGULATED MATERIAL, (USED OIL)	1	DM	400	P	none		
	22) NON RCRA / NON DOT REGULATED MATERIAL, (SODIUM BICARBONATE, SODIUM CARBONATE)	1	DF	25	P	none		
	23) NON RCRA / NON DOT REGULATED MATERIAL, (FLUORESCENT LIGHTBULBS)	2	DF	20	P	none		
32. Special Handling Instructions and Additional Information <div style="display: flex; justify-content: space-between;"> <div>706836 161706836(LF)1x5DF 120133948(RQ)1x5DF 333948</div> <div>706838 161706838(VI)1x5DF 121133948(RQ)1x5DF 333948</div> <div>793827 1711393827(FR3)1x15DF 122115093(ZV7)1x15DF</div> <div>161315082(NS)1x5DF 12311336258(FR1)2X4 FOOT BOX</div> </div>								
TRANSPORTER	33. Transporter _____ Acknowledgment of Receipt of Materials			Signature _____				Month _____ Day _____ Year _____
	34. Transporter _____ Acknowledgment of Receipt of Materials			Signature _____				Month _____ Day _____ Year _____
DESIGNATED FACILITY	35. Discrepancy							
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
	15	Hold	16	Hold	17	Hold	18	NA
	19	NA	20	NA	21	NA	22	NA
	23	NA	24	NA	25	NA	26	NA



836/1131

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number LP-EMORT13		2. Page 1 of 1	3. Emergency Response Phone 781-452-1111		4. Manifest Tracking Number 009648800 JJK		
5. Generator's Name and Mailing Address WILSON MANUFACTURING 1000 WILSON ROAD WILSON, MA 01973					Generator's Site Address (if different than mailing address)				
Generator's Phone: 781-452-1111					U.S. EPA ID Number				
6. Transporter 1 Company Name WILSON MANUFACTURING					U.S. EPA ID Number				
7. Transporter 2 Company Name					U.S. EPA ID Number				
8. Designated Facility Name and Site Address WILSON MANUFACTURING 1000 WILSON ROAD WILSON, MA 01973					U.S. EPA ID Number				
Facility's Phone: 781-452-1111									
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
	X	1. HAZARDOUS WASTE FLAMMABLE LIQUID, N.O.S., 3, 200 LBS./100 GALLONS, METALWORKING FLUID			2		1	200	200
	X	2. HAZARDOUS WASTE FLAMMABLE LIQUID, N.O.S., 3, 200 LBS./100 GALLONS, METALWORKING FLUID			2		1	200	200
	X	3. HAZARDOUS WASTE FLAMMABLE LIQUID, N.O.S., 3, 200 LBS./100 GALLONS, METALWORKING FLUID			2		1	200	200
	X	4. HAZARDOUS WASTE FLAMMABLE LIQUID, N.O.S., 3, 200 LBS./100 GALLONS, METALWORKING FLUID			2		1	200	200
14. Special Handling Instructions and Additional Information									
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
Generator's/Offor's Printed/Typed Name Benjamin Davis					Signature <i>Benjamin Davis</i>		Month Day Year 10 19 12		
TRANSPORTER INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.					Port of entry/exit: Date leaving U.S.:			
	Transporter signature (for exports only):								
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials								
	Transporter 1 Printed/Typed Name WILSON MANUFACTURING					Signature <i>John P...</i>		Month Day Year 10 19 12	
	Transporter 2 Printed/Typed Name					Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy								
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection								
	Manifest Reference Number:								
	18b. Alternate Facility (or Generator) U.S. EPA ID Number								
	Facility's Phone:								
18c. Signature of Alternate Facility (or Generator) Month Day Year									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
1. H061		2. H020		3. H061		4. H061			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
Printed/Typed Name Sphey Bailey					Signature <i>Sphey Bailey</i>		Month Day Year 10 19 12		

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number	22. Page	23. Manifest Tracking Number		
24. Generator's Name						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
32. Special Handling Instructions and Additional Information						
33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
(5) H061 (6) H061 (7) H020 (8) H141 (9) H141 (10) H141 (11) H141 (12) H061 (13) H141 (14) H141						

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number 1111111111	22. Page 1 of 1	23. Manifest Tracking Number 1111111111			
24. Generator's Name ABC COMPANY							
25. Transporter Company Name				U.S. EPA ID Number			
26. Transporter Company Name				U.S. EPA ID Number			
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes	
32. Special Handling Instructions and Additional Information							
33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year							
34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name Signature Month Day Year							
35. Discrepancy							
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
(5) NA (6) NA (7) H141 (8) H141							

8361131 / 8361131

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number H D084774877		2. Page 1 of 3		3. Emergency Response Phone 800-438-7742		4. Manifest Tracking Number 009648544 JJK		
5. Generator's Name and Mailing Address MORTON GROVE PHARMACEUTICALS 6484 WEST MAIN ST. MORTON GROVE, IL 60053 Generator's Phone: 847-436-6757						Generator's Site Address (if different than mailing address)				
6. Transporter 1 Company Name THUNDERBIRD TRUCKING, LLC						U.S. EPA ID Number IND000128457				
7. Transporter 2 Company Name						U.S. EPA ID Number				
8. Designated Facility Name and Site Address TRADEBE TREATMENT AND RECYCLING LLC 4343 KENNEDY AVENUE EAST CHICAGO, IN 46312 Facility's Phone: 219-307-3051						U.S. EPA ID Number IND000546843				
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))			10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
	X	UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGI, (XYLENES, WATER), ERG128			5	DF	250	P	D001 F003	
	X	RG, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGI, (XYLENES, WATER), ERG128 (RG-D001)			10	DM	3000	P	D001 F003	
	X	UN1131, WASTE CARBON DISULFIDE, 2(6.1), PGI, ERG121			1	DF	1	P	D001 F022	
	X	RG, UN1882, WASTE FLAMMABLE LIQUIDS, TOXIC, N.O.S., 3(6.1), PGI, (LINDANE, HEXANE), ERG131 (RG-D013, D001)			6	DM	1800	P	D001 D013 F003	
14. Special Handling Instructions and Additional Information Emergency Response Provider: TRADEBE TREATMENT AND RECYCLING LLC CONFIRM LP-EMORT12 TRUCK#39 (1)50021308(ZV)1X50F, 1X30DF (2)700841(LF)10X55DM (3)LP-EMORT12-6(ZP)1X50F (4)1336274(LF)5X55DM										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offor's Printed/Typed Name Will Sheridan						Signature [Signature]		Month Day Year 8 8 12		
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:									
	Transporter signature (for exports only):									
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name STEVEN PAPPAS						Signature [Signature]		Month Day Year 8 8 12	
TRANSPORTER	Transporter 2 Printed/Typed Name						Signature		Month Day Year	
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	Manifest Reference Number:									
	18b. Alternate Facility (or Generator)						U.S. EPA ID Number			
	Facility's Phone:									
DESIGNATED FACILITY	18c. Signature of Alternate Facility (or Generator)						Month Day Year			
DESIGNATED FACILITY	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)									
	1. Hold		2. Hold		3. HMI		4. Hold			
DESIGNATED FACILITY	20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a									
	Printed/Typed Name Stefanie White						Signature [Signature]		Month Day Year 8 8 12	

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number ILD9984774977	22. Page 2 of 3	23. Manifest Tracking Number 009548544 JJK		
24. Generator's Name MORTON GROVE PHARMACEUTICALS						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
X	5) UN1585, WASTE FLAMMABLE SOLIDS, ORGANIC, N.O.S., 4.1, PGII, (NAPHTHALENE, WATER), ERG133	1	DF	2	P	D001 U165
X	6) UN3139, WASTE OXIDIZING LIQUID, N.O.S., 5.1, PGII, (LEAD NITRATE, WATER), ERG140	1	DF	5	P	D001 D008
X	7) UN2810, WASTE TOXIC LIQUIDS, ORGANIC, N.O.S., 6.1, PGII, (CHLOROFORM, WATER), ERG153	2	DF	100	P	D001 D022 F002
X	8) UN3384, WASTE TOXIC BY INHALATION LIQUID, FLAMMABLE, N.O.S., 8.1(3), PGI, (BORON TRIFLUORIDE, METHANE), ERG131 (POISON INHALATION HAZARD ZONE B)	1	CF	2	P	D001
X	9) UN2927, WASTE TOXIC LIQUIDS, CORROSIVE, ORGANIC, N.O.S., 6.1(3), PGII, (CRESOL, WATER), ERG154	1	DF	2	P	D002 D025
X	10) UN3264, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S., 8, PGII, (PHOSPHORIC ACID, WATER), ERG154	1	DF	5	P	D002
X	11) UN3265, WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, N.O.S., 8, PGII, (ACETIC ACID, WATER), ERG153	1	DF	2	P	D002
X	12) UN2920, WASTE CORROSIVE LIQUIDS, FLAMMABLE, N.O.S., 8(3), PGII, (POTASSIUM HYDROXIDE, WATER), ERG132	1	DF	50	P	D001 D002
X	13) UN3053, WASTE CORROSIVE LIQUIDS, OXIDIZING, N.O.S., 8(5.1), PGII, (PERCHLORIC ACID, WATER), ERG140	7	DF	350	P	D001 D002 F003
X	14) UN2922, WASTE CORROSIVE LIQUIDS, TOXIC, N.O.S., 8(6.1), PGII, (LEAD, SELENIUM SULFIDE), ERG154	2	DF	100	P	D002 D008
32. Special Handling Instructions and Additional Information [ILP-EMORT12-4(ZN)1x5DF [ILP-EMORT12-3(ZX1)1x5DF [71707172(L)2x5DF [ILP-EMORT12-7(ZP1)1XPIHBOX [ILP-EMORT12-2(ZU)1x5DF [1101LP-EMORT12-1(ZA)1x5DF [111LP-EMORT12-5(ZO)1x5DF [1215001418(V)1x5DF [13150014178(LP)1x5DF [14150014814(LP)1x5DF						
33. Transporter _____ Acknowledgment of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
34. Transporter _____ Acknowledgment of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
5) H0001 16) H141 17) H141 18) H141 19) H141						
10) H141 11) H141 12) H0001 13) H141 14) H141						

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number LD984774877		22. Page 3 of 3		23. Manifest Tracking Number 009648544 JJK	
24. Generator's Name MORTON GROVE PHARMACEUTICALS							
25. Transporter _____ Company Name						U.S. EPA ID Number	
26. Transporter _____ Company Name						U.S. EPA ID Number	
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes	
		No.	Type				
X	15) UN3077, ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., 9, PGIII, (NON PCB BALLAST), ERG171	1	DF	20	P	none	
X	16) RC, UN3077, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., 9, PGIII, (LINDANE DEBRIS, WATER), ERG171 (RC=D013, U129)	2	DF	400	P	D013 U129	
	17) BATTERIES DRY, SEALED, N.O.S. (ALKALINE BATTERIES SPENT), UNIVERSAL WASTE	1	DF	20	P	none	
	18) NON RCRA / NON DOT REGULATED MATERIAL, (SODIUM CARBONATE, SODIUM CHLORIDE)	1	DF	100	P	none	
	19) NON RCRA / NON DOT REGULATED MATERIAL, (EMPTY DRUMS)	3	DF	20	P	none	
	20) UNIVERSAL WASTE - FLUORESCENT BULBS, (FLOURESCENT LIGHT BULBS)	2	CF	25	P	none	
	21) UNIVERSAL WASTE - FLUORESCENT BULBS, (MERCURY VAPOR BULBS)	1	DF	20	P	none	
32. Special Handling Instructions and Additional Information [15]15002(N61)1x50F [16]706039(ND)2x50F [17]315001(SR5)1x50F [18]315003(ZV7)1x300F [19]315005(N9)2x50F, 1X150F [20]1330250(FR1)2XCF(BOXES) [21]1305822(FR3)1x150F							
TRANSPORTER	33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
	34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
DESIGNATED FACILITY	35. Discrepancy _____						
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) (5) A21A (16) H141 (17) H141 (18) NA (19) NA (20) H141 (21) H141						

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LP-EMORT14

Form Approved. OMB No. 2050-0039

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator ID Number

LP034774877

2. Page 1 of 4

3. Emergency Response Phone

800-368-7242

4. Manifest Tracking Number

010775670 JJK

Generator's Site Address (if different than mailing address)

5. Generator's Name and Mailing Address

MORTON GROVE PHARMACEUTICALS
6451 W. MAIN ST.
MORTON GROVE, IL 60053

U.S. EPA ID Number

IL000012437

Generator's Phone:

847 410-6757

6. Transporter 1 Company Name

THUNDERBOLT TRUCKING, LLC

U.S. EPA ID Number

U.S. EPA ID Number

7. Transporter 2 Company Name

8. Designated Facility Name and Site Address

TRADE TREATMENT AND RECYCLING LLC
4343 KENNEDY AVENUE
EAST CHICAGO, IL 60122

Facility's Phone:

219 387-3851

9a. HM

9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))

1. UN1950, WASTE AEROSOLS, FLAMMABLE, 2.1, ERG125

10. Containers

No.

Type

11. Total Quantity

12. Unit Wt/Vol.

13. Waste Codes

1

DF

10

P

D001

1

DF

25

P

D001

3

DF

75

P

D001 F003

3

DM

3000

P

D001 F003

14. Special Handling Instructions and Additional Information:

EMERGENCY RESPONSE PROVIDER: TRADE TREATMENT AND RECYCLING LLC
HILP-EMORT14-712AF1150DF 219381081F1150DF 219381081F1150DFCONFIRMALP-EMORT14 TRUCK44
219381081F1150DF

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Officer's Printed/Typed Name

W. Sheridan

☐ Export from U.S.Port of entry/exit:
Date leaving U.S.:

16. International Shipments

☐ Import to U.S.

Transporter signature (for exports only):

Signature

17. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

JOHN PARISE

Transporter 2 Printed/Typed Name

18. Discrepancy

18a. Discrepancy Indication Space ☐ Quantity ☐ Type☐ Residue☐ Partial Rejection☐ Full Rejection

18b. Alternate Facility (or Generator)

Facility's Phone:

18c. Signature of Alternate Facility (or Generator)

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

H141

H001

H001

H001

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 18a

Printed/Typed Name

Joanna Soule

Signature

Joanna Soule

DESIGNATED FACILITY TO GENERATOR STATE (IF REQUIRE)

Rev 3-05 Previous editions are obsolete.

1. ORIGINATED FACILITY TO DESTINATION STATE (IF REQUIRED)

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number	22. Page	23. Manifest Tracking Number		
24. Generator's Name						
25. Transporter Company Name						U.S. EPA ID Number
26. Transporter Company Name						U.S. EPA ID Number
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
32. Special Handling Instructions and Additional Information						
TRANSPORTER	33. Transporter Acknowledgment of Receipt of Materials		Signature			
	Printed/Typed Name			Month	Day	Year
TRANSPORTER	34. Transporter Acknowledgment of Receipt of Materials		Signature			
	Printed/Typed Name			Month	Day	Year
DESIGNATED FACILITY	35. Discrepancy					
DESIGNATED FACILITY	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)					
	15) H000 116) H141 117) H000 118) H141 119) H000 20) H141 21) H141 22) H141 23) N/A 24) N/A					

PERSON/ISS: FACILITY IN DESTINATION STATE (IF REQUIRED)



Print on type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number ILD984774877	2. Page 1 of 3	3. Emergency Response Phone 800-368-7242	4. Manifest Tracking Number 008913125 JJK	
5. Generator's Name and Mailing Address MORTON GROVE PHARMACEUTICALS 6451 WEST MAIN ST. MORTON GROVE, IL 60053 847-410-8757			Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name THUNDERBIRD TRUCKING, LLC			U.S. EPA ID Number IND000123497			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address TRADEBE TREATMENT AND RECYCLING LLC 4343 KENNEDY AVENUE EAST CHICAGO, IN 46312			U.S. EPA ID Number IND000645845			
Facility's Phone: 219-397-3951						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt/Vol
	X	UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGI, (ACETONITRILE, LINDANE), ERG128	4	DF	200	P
	X	RQ, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGI, (ACETONITRILE, LINDANE), ERG128 (RQ-D001)	2	CF	1700	P
	X	RQ, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGI, (ACETONE, WATER), ERG128 (RQ-D001)	9	DM	1800	P
	X	UN3139, WASTE OXIDIZING LIQUID, N.O.S., 5.1, PGI, (SILVER NITRATE, WATER), ERG140	1	DF	6	P
13. Waste Codes D001 F003						
14. Special Handling Instructions and Additional Information Emergency Response Provider: TRADEBE TREATMENT AND RECYCLING LLC CONFIRM LP-EMORT10 TRUCK#44 [1]50021305(ZV1)4x5DF [2]50021305(ZV1)2XCF(PALLETS) [3]706841(LF)9x55DM [4]LP-EMORT10-4(ZX1)1x5DF						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name Will Sheridan		Signature <i>Will Sheridan</i>		Month Day Year 2 24 12		
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: _____ Date leaving U.S.: _____			
	Transporter signature (for exports only): _____					
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name STEVEN PAPPAS		Signature <i>St Pappas</i>		Month Day Year 2 24 12	
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name		Signature		Month Day Year	
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
18b. Alternate Facility (or Generator)				U.S. EPA ID Number		
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator)				Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H061		2. H061		3. H061		4. H141
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Kimberly Addison		Signature <i>Kimberly Addison</i>		Month Day Year 12 24 12		

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number ILD984774877	22. Page 2 of 3	23. Manifest Tracking Number 008913125 JJK				
24. Generator's Name MORTON GROVE PHARMACEUTICALS								
25. Transporter _____ Company Name				U.S. EPA ID Number				
26. Transporter _____ Company Name				U.S. EPA ID Number				
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes		
		No.	Type					
X	5) RQ, UN2810, WASTE TOXIC, LIQUIDS, ORGANIC, N.O.S., 6.1, PGM, (SILVER, WATER), ERG163 (RQ=D011)	1	DF	5	P	D007	D011	
X	6) UN2810, WASTE TOXIC, LIQUIDS, ORGANIC, N.O.S., 6.1, PGM, (TETRACHLOROETHYLENE, CHLOROFORM), ERG163	7	DF	350	P	D001 D022	D019 D039	D021 D040
X	7) UN3264, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S., 8, PGM, (FERRIC CHLORIDE, PHOSPHORIC ACID), ERG154	1	DF	5	P	D002		
X	8) UN3267, CORROSIVE LIQUID, BASIC, ORGANIC, N.O.S., 8, PGM, (IMIDAZOLE), ERG153	1	DF	2	P	none		
X	9) RQ, UN2809, WASTE MERCURY, 8, PGM, (MERCURIC ACETATE), ERG172 (RQ=D009)	1	DF	2	P	D009		
X	10) UN2734, WASTE AMINES, LIQUID, CORROSIVE, FLAMMABLE, N.O.S., 8(3), PGM, (TRIETHANOLAMINES, WATER), ERG132	1	DF	5	P	D001	D002	
X	11) UN3093, WASTE CORROSIVE LIQUIDS, OXIDIZING, N.O.S., 8(5.1), PGM, (PERCHLORIC ACID, WATER), ERG140	8	DF	400	P	D001	D002	F003
X	12) UN2922, WASTE CORROSIVE LIQUIDS, TOXIC, N.O.S., 8(6.1), PGM, (LEAD, SELENIUM SULFIDE), ERG154	2	DF	100	P	D002	D006	
X	13) UN3077, ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., 9, PGM, (NON PCB LIGHT BALLASTS), ERG171	1	DF	15	P	none		
X	14) RQ, UN3062, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, LIQUID, N.O.S., 9, PGM, (LINDANE, ACETONE), ERG171 (RQ=D013,U129)	2	DM	500	P	D001	D013	U129
32. Special Handling Instructions and Additional Information [5]LP-EMORT10-2(ZI)1x5DF [6]707172(LI)7x5DF F002 [7]LP-EMORT10-1(2A)1x5DF [8]LP-EMORT10-3(ZIH)1x5DF [9]LP-EMORT10-5(2R1)1x5DF [10]LP-EMORT10-6(ZI)1x5DF [11]50014179(LP)8x5DF [12]50014814(LP)2x5DF [13]315082(NS)1x5DF [14]706836(LF)2x55DM								
33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____								
34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____								
35. Discrepancy _____								
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) <div style="display: flex; justify-content: space-between;"> 5) H141 6) H141 7) H141 8) NA 9) H141 </div> <div style="display: flex; justify-content: space-between;"> 10) H141 11) H141 12) H141 13) NA 14) H061 </div>								

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number LD984774877	22. Page 3 of 3	23. Manifest Filing Number 005915125 JJK		
24. Generator's Name MORTON GROVE PHARMACEUTICALS						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit WL/Vol.	31. Waste Codes
X	(15) RC, UN3082, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, LIQUID, N.O.S., 8, PGIII, (LINDANE, ACETONE), ERG171 (RC=D013,U129)	2	DM	600	P	D001 D013 U129
X	(16) RC, UN3077, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., 9, PGII, (LINDANE, BENZENE HEXACHLORIDE), ERG171 (RC=D013,U129)	2	DF	310	P	D013 U129
	(17) BATTERIES DRY, SEALED, N.O.S. (ALKALINE BATTERIES SPENT), UNIVERSAL WASTE	1	DF	5	P	none
	(18) NON RCRA / NON DOT REGULATED MATERIAL, (SODIUM BICARBONATE, WATER),	1	DF	50	P	none
	(19) NON RCRA / NON DOT REGULATED MATERIAL, (WATER, FLUTICASONE),	2	DF	150	P	none
	(20) UNIVERSAL WASTE - FLUORESCENT BULBS, (FLUORESCENT LIGHT BULBS),	6	CF	100	P	none
	(21) UNIVERSAL WASTE - FLUORESCENT BULBS, (MERCURY VAPOR BULBS),	1	DF	6	P	none
32. Special Handling Instructions and Additional Information [15]706838(VI)2x55DM [16]706838(ND)1X1DF, 1X55DF [17]315081(BRS)1x1DF [18]315083(ZV7)1x15DF [19]6224(LS)2x15DF [20]1336258(FR)16XCF(BOXES) [21]1363222(FR)1x55DF						
DESIGNATED FACILITY	33. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____					
	34. Transporter _____ Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____					
	35. Discrepancy _____					
DESIGNATED FACILITY	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) (15) H141 (16) H141 (17) H141 (18) ND (19) ND					
	(20) H141 (21) H141					

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number I L D 9 8 4 7 7 4 8 7 7	2. Page 1 of 1	3. Emergency Response Phone (800) 368-7242	4. Manifest Tracking Number 009536062 JJK	
5. Generator's Name and Mailing Address MORTON GROVE PHARMACEUTICALS 6451 WEST MAIN STREET MORTON GROVE, IL 60053		Generator's Site Address (if different than mailing address) UPS Supply Chain Solutions 1860 OUTER LOOP LOUISVILLE, KY 40219		Generator's Phone: 847-410-8757		
6. Transporter 1 Company Name THUNDERBIRD TRUCKING LLC		U.S. EPA ID Number INR000123487				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address TRADEBE TREATMENT and RECYCLING, LLC. 4343 KENNEDY AVENUE EAST CHICAGO, IN 46312		U.S. EPA ID Number IND000646943		Facility's Phone: (219) 397-3851		
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
X	1. UN1893 WASTE FLAMMABLE LIQUIDS, N.O.S. (CLOBESTASOL, LINDANE) 3 III RQ(D001)	006 CF		3943	P	D001 D010 D013 U129 U205
	2.					
	3.					
	4.					
14. Special Handling Instructions and Additional Information 1) ERG:128 757878 MIXED PRODUCTS ERP - TRADEBE C: 109845 Inline Item Discrepancy TTR weight = 3942						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name JENNIFER BOWLES		Signature [Signature]		Month Day Year 05 08 12		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:				
17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name HARRY TOWNSEND		Signature [Signature]		Month Day Year 05 08 12		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy 18a. Discrepancy Indication Space Amended 11-1 Per Jennifer Bowles @ Morton Grove Pharmaceuticals 5/10/12 (WAB)						
18b. Alternate Facility (or Generator)		U.S. EPA ID Number				
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator)		Month Day Year				
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.	2.	3.	4.			
1.	2.	3.	4.			
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Emily Addison		Signature [Signature]		Month Day Year 05 08 12		

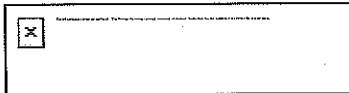
Bourgikos, Spiros

From: Ben Davis <bdavis@mgp-online.com>
Sent: Friday, September 19, 2014 5:03 PM
To: Bourgikos, Spiros
Subject: Inspection and Manifests
Attachments: removed.txt; 12.12.2013.pdf; 03.07.2013.pdf; 04.23.2013.pdf; 05.09.2013.pdf; 07.30.2013.pdf; 10.03.2013.pdf

Spiros,

Thank you again for the time spent at our facility. I will be sending the manifests in a few emails due to the number and size of files. Please see 2013 files attached.

Benjamin Davis
EH&S Specialist I
Morton Grove Pharmaceuticals, Inc.
6451 Main Street
Morton Grove, IL 60053
Phone: 847-410-6758



This communication (including its attachments) is the property of Morton Grove Pharmaceuticals (MGP) and Wockhardt USA, LLC (WUSA), is to be used by the intended recipient only, and may include MGP and WUSA confidential proprietary information. The unauthorized use, disclosure, dissemination or copying of any part of this communication is prohibited.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number ILD084774877		2. Page 1 of 3		3. Emergency Response Phone 800-368-7242		4. Manifest Tracking Number 010564565 JJK		
5. Generator's Name and Mailing Address MORTON GROVE PHARMACEUTICALS 6151 WEST MAIN ST. MORTON GROVE, IL 60053						Generator's Site Address (if different than mailing address)				
Generator's Phone: 847-410-4757						U.S. EPA ID Number IR000132457				
6. Transporter 1 Company Name THUNDERBOLT TRUCKING, LLC						U.S. EPA ID Number				
7. Transporter 2 Company Name						U.S. EPA ID Number				
8. Designated Facility Name and Site Address TRADEBE TREATMENT AND RECYCLING LLC 4343 KENNEDY AVENUE EAST CHICAGO, IN 46312						U.S. EPA ID Number IND000646943				
Facility's Phone: 219-587-3851										
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.	13. Waste Codes
	X	RQ, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGII, (ISOPROPYL ALCOHOL, WATER), ERG128 (RQ=D001)				1 CF		200	P	D001
	X	UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGII, (XYLENES, WATER), ERG128				2 DF		100	P	D001 F003
	X	RQ, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGII, (XYLENES, WATER), ERG128 (RQ=D001)				10 DM		3000	P	D001 F003
	X	RQ, UN1992, WASTE FLAMMABLE LIQUIDS, TOXIC, N.O.S., 3(2.1), PGII, (LINDANE, HEXANE), ERG131 (RQ=D013, D001)				3 DM		800	P	D001 D013 F003
14. Special Handling Instructions and Additional Information Emergency Response Provider: TRADEBE TREATMENT AND RECYCLING LLC CONFIRMED LP-EMORT18 TRUCK#44 [1]316728(RZV1)1XCF(PALLET) [2]50021305(ZV1)2XJDF [3]708841(LF)10X55DM [4]1336274(LF)3X55DM										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offoror's Printed/Typed Name Ben Davis						Signature 		Month Day Year 7 30 13		
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____									
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name STEVEN PAPPAS						Signature 		Month Day Year 7 30 13	
DESIGNATED FACILITY	Transporter 2 Printed/Typed Name						Signature		Month Day Year	
	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	18b. Alternate Facility (or Generator)						U.S. EPA ID Number			
	Facility's Phone:									
18c. Signature of Alternate Facility (or Generator)						Signature		Month Day Year		
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. H020		2. H001		3. H001		4. H001				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a										
Printed/Typed Name Mari Lopez						Signature 		Month Day Year 10 30 13		

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number ILD004774377	22. Page 2 of 3	23. Manifest Tracking Number 010564565 JJK				
24. Generator's Name MORTON GROVE PHARMACEUTICALS								
25. Transporter _____ Company Name				U.S. EPA ID Number				
26. Transporter _____ Company Name				U.S. EPA ID Number				
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes		
		No.	Type					
X	5) UN1928, WASTE FLAMMABLE SOLIDS, ORGANIC, N.O.S., 4.1, PGI, (NAPHTHALENE, WATER), ERG133	1	DF	6	P	D001		
X	6) RQ, UN1176, WASTE SOLIDS CONTAINING FLAMMABLE LIQUID, N.O.S., 4.1, PGI, (METHANOL, ABSORBENTS), ERG133 (RQ-D001)	1	DF	100	P	D001	F003	
X	7) UN1339, WASTE OXIDIZING LIQUID, N.O.S., 5.1, PGI, (AMMONIUM PERSULFATE, WATER), ERG140	1	DF	6	P	D001		
X	8) UN2611, WASTE TOXIC SOLIDS, ORGANIC, N.O.S., 6.1, PGI, (THIOACETANIDE, WATER), ERG154	1	DF	6	P	U210		
X	9) UN2834, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S., 8, PGI, (PHOSPHORIC ACID, WATER), ERG164	1	DF	6	P	D002		
X	10) UN2821, CORROSIVE SOLID, ACIDIC, ORGANIC, N.O.S., 8, PGI, (OXALIC ACID, WATER), ERG164	1	DF	6	P	R000		
X	11) UN2891, CORROSIVE SOLID, ACIDIC, ORGANIC, N.O.S., 8, PGI, (ANTIMONY TRICHLORIDE, WATER), ERG164	1	DF	6	P	R000		
X	12) UN2820, WASTE CORROSIVE LIQUIDS, FLAMMABLE, N.O.S., 8(3), PGI, (POTASSIUM HYDROXIDE, WATER), ERG132	1	DF	50	P	D001	D002	D005
X	13) UN3043, WASTE CORROSIVE LIQUIDS, OXIDIZING, N.O.S., 8(5.1), PGI, (PERCHLORIC ACID, METHANOL), ERG140	7	DF	350	P	D001	D002	F003
X	14) UN2822, WASTE CORROSIVE LIQUIDS, TOXIC, N.O.S., 8(5.1), PGI, (LEAD, SELENIUM SULFIDE), ERG164	3	DF	150	P	D002	D005	
(PLP-EMORT16-02H)1x5DF (PLP-EMORT16-02H)1x5DF (PLP-EMORT16-02H)1x5DF (PLP-EMORT16-02H)1x5DF (PLP-EMORT16-1(2A))1x5DF (PLP-EMORT16-4(2H))1x5DF (PLP-EMORT16-02H)1x5DF (PLP-EMORT16-02H)1x5DF (1250014179(LP7))1x5DF (1450014614(LP7))1x5DF								
33. Transporter _____ Acknowledgment of Receipt of Materials								
Printed/Typed Name				Signature		Month Day Year		
34. Transporter _____ Acknowledgment of Receipt of Materials								
Printed/Typed Name				Signature		Month Day Year		
35. Discrepancy								
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
5) H061 16) H020 17) H141 18) H141 19) H141 10) N/A 11) N/A 12) H001 13) H141 14) H141								

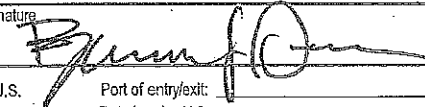

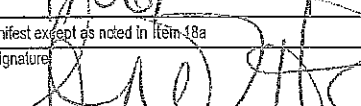
UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number ILD0024774877	22. Page 3 of 3	23. Manifest Tracking Number 010564535 JJK		
24. Generator's Name MORTON GROVE PHARMACEUTICALS						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (Including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt/Vol.	31. Waste Codes
X	15) UN3077, ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., 9, PCN, (UNIVERSAL WASTE-HALIDE LAMP'S) ERG171	2	CF	60	P	none
X	16) UN3077, ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., 9, PCN, (UNIVERSAL WASTE-HALIDE LAMP'S) ERG171	1	DF	60	P	none
X	17) UN3077, ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., 9, PCN, (NON PCB BALLASTS) ERG171	1	DF	75	P	none
X	18) RQ, UN3077, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., 9, PCN, (LINDANE, WATER) ERG171 (RQ-D013, U129)	3	DF	600	P	D013 U129
	19) BATTERIES DRY, SEALED, N.O.S. (ALKALINE BATTERIES SPENT), UNIVERSAL WASTE	1	DF	6	P	none
	20) NON RCRA / NON DOT REGULATED MATERIAL, (SODIUM ACETATE, WATER)	1	DF	60	P	none
	21) UNIVERSAL WASTE - FLUORESCENT BULBS, (FLUORESCENT LIGHT BULBS)	10	CF	75	P	none
32. Special Handling Instructions and Additional Information [15] 136322(FR3)BOXES [16] 136322(FR3)1x150F [17] 316062(RS)1x150F [18] 709639(RD)3x50F [19] 316061(ER6)1x50F [20] 316063 (ZV7)1x150F [21] 133256(FR1)BOXES						
TRANSPORTER	33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____					
	34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____					
DESIGNATED FACILITY	35. Discrepancy					
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 15) H141 16) H141 17) NA 18) H141 19) H141 20) NA 21) H141					

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number ILD084774877	2. Page 1 of 4	3. Emergency Response Phone 800-388-7242	4. Manifest Tracking Number 011903058 JJK	
5. Generator's Name and Mailing Address MORTON GROVE PHARMACEUTICALS 6451 W. MAIN ST. MORTON GROVE, IL 60053			Generator's Site Address (if different than mailing address)			
Generator's Phone: 847-416-6757						
6. Transporter 1 Company Name THUNDERBOLT TRUCKING, LLC			U.S. EPA ID Number IND000123457			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address TRADEBE TREATMENT AND RECYCLING LLC 4343 KENNEDY AVENUE EAST CHICAGO, IN 46312			U.S. EPA ID Number IND000846943			
Facility's Phone: 219-397-3851						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.
	13. Waste Codes					
X	1. UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGII, (BENZENE, DIOXANE), ERG128		1	DF	45	P
X	2. UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGII, (DIMETHYLFORMAMIDE, NYSTATIN), ERG128		1	DF	40	P
X	3. UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGII, (METHANOL, TOLUENE), ERG128		6	DF	240	P
X	4. RG, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGII, (TETRACHLOROETHYLENE, CHLOROFORM), ERG128 (RG=D001)		11	DM	3300	P
14. Special Handling Instructions and Additional Information Emergency Response Provider: TRADEBE TREATMENT AND RECYCLING LLC CONFIRM#830954 TRUCK#86 [1]630954-10(ZF)1x15DF [2]1351038(LF)1x5DF [3]50021305(ZV)6x5DF [4]706841(LF)11x55DM						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offoror's Printed/Typed Name		Signature		Month Day Year		
Ben Davis		[Signature]		12 12 13		
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name		Signature		Month Day Year		
JOHN PARISE		[Signature]		12 12 13		
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number:						
18b. Alternate Facility (or Generator) U.S. EPA ID Number						
Facility's Phone:						
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H06 2. H06 3. H06 4. H06						
20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name		Signature		Month Day Year		
Sandy Roman		[Signature]		12 12 13		

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number ILD984774977	22. Page 2 of 4	23. Manifest Tracking Number 011903058 JJK		
24. Generator's Name MORTON GROVE PHARMACEUTICALS						
25. Transporter _____ Company Name			U.S. EPA ID Number			
26. Transporter _____ Company Name			U.S. EPA ID Number			
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No.	Type	29. Total Quantity	30. Unit V/L/Vol.	31. Waste Codes
X	5) UN1325, WASTE FLAMMABLE SOLIDS, ORGANIC, N.O.S., 4.1, PGII, (SULFUR, HEXAMETHYLENETETRAIMINE), ERG133	1	DF	12	P	D001
X	6) UN3088, WASTE SELF-HEATING, SOLID, ORGANIC, N.O.S., 4.2, PGII, (CARBON FILTERS), ERG135 (DOT-SP 13192)	1	DF	7	P	D001
X	7) UN1479, WASTE OXIDIZING SOLID, N.O.S., 5.1, PGII, (MAGNESIUM PERCHLORATE, LITHIUM PERCHLORATE), ERG140	1	DF	9	P	D001
X	8) RQ, UN3089, WASTE OXIDIZING LIQUID, TOXIC, N.O.S., 5.1(6.1), PGII, (POTASSIUM PERSULFATE, LEAD NITRATE), ERG142 (RQ=D011)	1	DF	20	P	D001 D011 D008
X	9) RQ, UN2024, WASTE MERCURY COMPOUNDS, LIQUID, N.O.S., 6.1, PGII, (MERCURIC CHLORIDE, MERCURIC IODIDE), ERG151 (RQ=D009)	1	DF	10	P	D009
X	10) RQ, UN2810, WASTE TOXIC, LIQUIDS, ORGANIC, N.O.S., 6.1, PGII, (PHENOL, RESORCINOL), ERG153 (RQ=D011, U201)	1	DM	200	P	U188 D007 D011 U201 U190
X	11) UN1759, CORROSIVE SOLIDS, N.O.S., 8, PGII, (IMIDAZOLE, PIPERIZINE), ERG154 (DOT-SP 13192)	1	DF	10	P	none
X	12) UN1823, SODIUM HYDROXIDE, SOLID, 8, PGII, ERG154 (DOT-SP 13192)	1	DF	5	P	none
X	13) UN1805, WASTE PHOSPHORIC ACID SOLUTION, 8, PGIII, ERG154 (DOT-SP 13192)	1	DF	5	P	D002
X	14) UN2734, WASTE AMINES, LIQUID, CORROSIVE, FLAMMABLE, N.O.S., 8(3), PGII, ERG152 (DOT-SP 13192)	1	DF	10	P	D001 D002
32. [5]630954-6(ZP1)1x5DF [6]630954-6(ZP2)1x5DF [7]630954-8(ZX3)1x5DF [8]630954-4(ZX1)1x5DF [9]630954-2(ZI)1x5DF [10]630954-3(ZI)1x5DF [11]630954-1(ZIH)1x5DF [12]630954-7(ZCH)1x5DF [13]630954-11(ZA)1x5DF [14]630954-8(ZI)1x5DF						
TRANSPORTER	33. Transporter Acknowledgment of Receipt of Materials					
	Printed/Typed Name		Signature		Month Day Year	
DESIGNATED FACILITY	34. Transporter Acknowledgment of Receipt of Materials					
	Printed/Typed Name		Signature		Month Day Year	
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
5) H141 6) H141 7) H141 8) H141 9) H141 10) H141 11) NA 12) H061 13) H141 14) H141						

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number ILD984774877	22. Page 3 of 4	23. Manifest Tracking Number 011903053 JJK		
24. Generator's Name MORTON GROVE PHARMACEUTICALS						
25. Transporter _____ Company Name			U.S. EPA ID Number			
26. Transporter _____ Company Name			U.S. EPA ID Number			
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No.	Type	29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
X	15) UN2820, WASTE CORROSIVE LIQUIDS, FLAMMABLE, N.O.S., 8(3), PGII, (POTASSIUM HYDROXIDE, METHANOL), ERG132 (DOT-SP 13192)	1	DF	40	P	D001 D002 D035
X	16) UN3093, WASTE CORROSIVE LIQUIDS, OXIDIZING, N.O.S., 8(5.1), PGII, (PERCHLORIC ACID, METHANOL), ERG140 (DOT-SP 13192)	11	DF	440	P	D001 D002 F003
X	17) UN1802, WASTE PERCHLORIC ACID, 8(5.1), PGII, ERG140 (DOT-SP 13192)	1	DF	5	P	D001 D002
X	18) UN2822, WASTE CORROSIVE LIQUIDS, TOXIC, N.O.S., 8(5.1), PGII, (LEAD, SELENIUM SULFIDE), ERG164 (DOT-SP 13192)	3	DF	120	P	D002 D008
X	19) RQ, UN3062, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, LIQUID, N.O.S., 9, PGIII, (LINDANE, ACETONE), ERG171 (RQ=D013, U129)	2	DM	350	P	D013 U129 D001
X	20) RQ, UN3077, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., 9, PGIII, (LINDANE, BENZENE HEXACHLORIDE), ERG171 (RQ=D013, U129)	1	DF	15	P	D013 U129
	21) NON RCRA / NON DOT REGULATED MATERIAL, (NON-PCB BALLASTS)	1	DF	45	P	none
	22) NON RCRA / NON DOT REGULATED MATERIAL, (SODIUM SILICATE, POTASSIUM CARBONATE)	1	DM	200	P	none
	23) NON RCRA / NON DOT REGULATED MATERIAL, (FLUTICASONE PROPIONATE)	4	DF	160	P	none
	24) UNIVERSAL WASTE - FLUORESCENT BULBS, (FLUORESCENT LIGHT BULBS)	6 2	CF	80	P	none
32. Special Handling Instructions and Additional Information [15]5001415(VI)1x5DF [16]50014179(LF7)11x5DF [17]620984-12(ZI)1x5DF [18]50014614(LF7)3x5DF [19]706636(LF)2x55DM [20]706639(ND)1x5DF [21]316062(NS)11x5DF [22]316063(ZV7)11x55DM [23]9264(LS)4x5DF [24]1336256(FR)19x4FT, 3xBOX 4 R M1223						
33. Transporter _____ Acknowledgment of Receipt of Materials						
Printed/Typed Name			Signature		Month Day Year	
34. Transporter _____ Acknowledgment of Receipt of Materials						
Printed/Typed Name			Signature		Month Day Year	
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal and recycling systems)						
15) H061 16) H141 17) H141 18) H141 19) H061						
20) H141 21) NA 22) NA 23) NA 24) H141						

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number ILD984774977		2. Page 1 of 3		3. Emergency Response Phone 800-369-7242		4. Manifest Tracking Number 011911329 JJK			
		5. Generator's Name and Mailing Address MORTON GROVE PHARMACEUTICALS 6451 W. MAIN ST. MORTON GROVE, IL 60053 Generator's Phone: 847-410-8757									
GENERATOR		6. Transporter 1 Company Name THUNDERBIRD TRUCKING, LLC						U.S. EPA ID Number INR000123497			
		7. Transporter 2 Company Name						U.S. EPA ID Number			
DESIGNATED FACILITY		8. Designated Facility Name and Site Address TRADEBE TREATMENT AND RECYCLING LLC 4343 KENNEDY AVENUE EAST CHICAGO, IN 46312 Facility's Phone: 219-397-3051						U.S. EPA ID Number IND00046823			
GENERATOR		9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		X		1. UN1950, WASTE AEROSOLS, FLAMMABLE, 2.1, ERG128		1 DF		4	P	D001	
		X		2. UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGII, (DIMETHYLFORMAMIDE, NYSTATIN), ERG128		2 DF		50	P	D001	
		X		3. UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGII, (METHANOL ACETONITRILE), ERG128		7 DF		100	P	D001 F003	
		X		4. RQ, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGII, (TETRACHLOROETHYLENE, CHLOROFORM), ERG128 (RQ=D001)		11 DM		3300	P	D001 F003	
TRANSPORTER		14. Special Handling Instructions and Additional Information Emergency Response Provider: TRADEBE TREATMENT AND RECYCLING LLC CONFIRMED LP-EMORT19 TRUCK#42 [1]LP-EMORT19-2(ZAF)1x50F [2]1361038(LF)2x50F [3]50021305(ZV)17x50F [4]703841(LF)11x55DM									
		15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
TRANSPORTER		Generator's/Officer's Printed/Typed Name Ben Davis		Signature 		Month 10		Day 3		Year 13	
		16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:							
TRANSPORTER		17. Transporter Acknowledgment of Receipt of Materials		Signature 		Month 10		Day 3		Year 13	
		Transporter 1 Printed/Typed Name JOHN PARISE		Signature		Month		Day		Year	
DESIGNATED FACILITY		18. Discrepancy		18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection		Manifest Reference Number:		U.S. EPA ID Number			
		18b. Alternate Facility (or Generator)		Facility's Phone:		18c. Signature of Alternate Facility (or Generator)		Month		Day	
DESIGNATED FACILITY		19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)		1. H141		2. H061		3. H061		4. H061	
		20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in item 18a		Printed/Typed Name Samuel Bernander		Signature 		Month 10		Day 03	

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number ILO984774977	22. Page 2 of 3	23. Manifest Tracking Number 011911320 JJK		
24. Generator's Name MORTON GROVE PHARMACEUTICALS						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
X	5) UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGII, (TETRACHLOROETHYLENE, CHLOROFORM), ERG128	2	DF	40	P	D001 F003
X	6) UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGII, (XYLENE, TOLUENE), ERG128	1	DF	35	P	D001
X	7) RQ, UN1992, WASTE FLAMMABLE LIQUIDS, TOXIC, N.O.S., 3(6.1) PGII, (LINDANE, HEXANE), ERG131 (RQ=D013, D001)	9	DM	2700	P	D001 F003 D013
X	8) UN3175, WASTE SOLIDS CONTAINING FLAMMABLE LIQUID, N.O.S., 4.1, PGII, (METHANOL SPILL CLEAN UP), ERG133	1	DF	10	P	D001
X	9) RQ, UN2698, WASTE PESTICIDES, SOLID, TOXIC, N.O.S., 6.1, PGII, (LINDANE, DERRIS), ERG151 (RQ=D013, U128)	4	DF	600	P	D013 U128
X	10) RQ, UN2810, WASTE TOXIC, LIQUIDS, ORGANIC, N.O.S., 6.1, PGII, (TETRACHLOROETHYLENE, CHLOROFORM), ERG153 (RQ=D009)	1	DF	25	P	D001 D009 D019 D021 F002 D022
X	11) RQ, UN2803, WASTE MERCURY, 5, PGIII, ERG172 (RQ=D009)	1	DF	15	P	D009
X	12) UN3083, WASTE CORROSIVE LIQUIDS, OXIDIZING, N.O.S., 9(5.1), PGII, (PERCHLORIC ACID, METHANOL), ERG140	9	DF	180	P	D001 D002 F003
X	13) UN2822, WASTE CORROSIVE LIQUIDS, TOXIC, N.O.S., 8(5.1), PGII, (SELENIUM SULFIDE, LEAD), ERG154	7	DF	140	P	D002 D008
X	14) UN3077, ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., 9, PGIII, (NON PCB BALLASTS), ERG171	1	DF	5	P	none
32. State of origin for waste and additional information: [11] 1332274(LP)9x55DF [13] 37984(RS)1x15DF [12] 50302(ND)1x55DF [10] 707172(LI)1x5DF D039 D040 [11] LP-EMORT19-3(ZR)11x30DF [12] 50014176(LP7)8x5DF [13] 50014914(LP7)7x5DF [14] 515042(NS)1x5DF						
33. Transporter Acknowledgment of Receipt of Materials						
Printed/Typed Name				Signature		Month Day Year
34. Transporter Acknowledgment of Receipt of Materials						
Printed/Typed Name				Signature		Month Day Year
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
5) H061 6) H061 12) H061 18) H220 19) H141 10) H141 11) H141 13) H141 14) NA						

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number ILD984774877	22. Page 3 of 3	23. Manifest Tracking Number 011911329 JJK		
24. Generator's Name MORTON GROVE PHARMACEUTICALS						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes
		No.	Type			
	15) BATTERIES DRY, SEALED, N.O.S. (ALKALINE BATTERIES SPENT), UNIVERSAL WASTE	1	DF	4	P	none
	16) NON RCRA / NON DOT REGULATED MATERIAL, (FLUTICASON PROPIONATE, WATER)	3	DF	75	P	none
	17) UNIVERSAL WASTE - FLUORESCENT BULBS, (FLUORESCENT LIGHT BULBS)	3	CF	30	P	none
	18) UNIVERSAL WASTE - FLUORESCENT BULBS, (MERCURY VAPOR BULBS)	1	DF	10	P	none
32. Special Handling Instructions and Additional Information [15]315001(BR5)1x5DF [16]9224(LS)3x5DF [17]1336255(FR1)3X4FTBOX [18]1393822(FR3)1x15DF						
TRANSPORTER	33. Transporter Acknowledgment of Receipt of Materials					
	Printed/Typed Name		Signature		Month	Day Year
TRANSPORTER	34. Transporter Acknowledgment of Receipt of Materials					
	Printed/Typed Name		Signature		Month	Day Year
DESIGNATED FACILITY	35. Discrepancy					
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 15) H141 16) NA 17) H141 18) H141					

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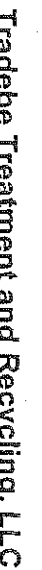
UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number ILD984774877	2. Page 1 of 4	3. Emergency Response Phone 800-388-7242	4. Manifest Tracking Number 010775984 JJK	
5. Generator's Name and Mailing Address MORTON GROVE PHARMACEUTICALS 6451 WEST MAIN ST. MORTON GROVE, IL 60053 Generator's Phone: 847 440 5757			Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name THUNDERBIRD TRUCKING, LLC			U.S. EPA ID Number IND000123497			
7. Transporter 2 Company Name			U.S. EPA ID Number			
8. Designated Facility Name and Site Address TRADEBE TREATMENT AND RECYCLING LLC 4343 KENNEDY AVENUE EAST CHICAGO, IN 46312 Facility's Phone: 210 307 3054			U.S. EPA ID Number IND000846843			
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit WL/Vol.
	X	1. RO, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, F011, (ISOPROPYL ALCOHOL, WATER), ERG128 (RQ=D001)	5	CF	4500	P
	X	2. UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, F011, (ACETONITRILE, WATER), ERG128	5	DF	250	P
	X	3. RO, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, F011, (XYLENES, WATER), ERG128 (RQ=D001)	10	DF	2500	P
	X	4. RO, UN1993, WASTE FLAMMABLE LIQUIDS, TOXIC, N.O.S., 3(6.1), PGII, (LINDANE, HEXANE), ERG131 (RQ=D013, D001)	3	DM	600	P
13. Waste Codes D001 F003 D001 F003 D001 F003 D001 D013 F003						
14. Special Handling Instructions and Additional Information Emergency Response Provider: TRADEBE TREATMENT AND RECYCLING LLC CONFIRMALP-EMORT15 TRUCK#2 [1]316726(RZV1)5XCF(PALLETS) [2]50021305(ZV1)5X5DF [3]706841(LF)10X55DF [4]4339274(LF)3X55DM 4)1336274						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offero's Printed/Typed Name Ben Davis		Signature 		Month Day Year 3 7 13		
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:			
	Transporter signature (for exports only):					
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name STEVEN PAPPAS		Signature 		Month Day Year 3 7 13	
Transporter 2 Printed/Typed Name		Signature		Month Day Year		
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
	Manifest Reference Number:					
	18b. Alternate Facility (or Generator) U.S. EPA ID Number					
	Facility's Phone:					
18c. Signature of Alternate Facility (or Generator) Month Day Year						
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H020		2. H061		3. H061		4. H061
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Sandy Bonard						
Signature 						Month Day Year 3 7 13

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number ILD994774977		22. Page 2 of 4		23. Manifest Tracking Number 010775994 JJK		
24. Generator's Name MORTON GROVE PHARMACEUTICALS								
25. Transporter _____ Company Name						U.S. EPA ID Number		
26. Transporter _____ Company Name						U.S. EPA ID Number		
GENERATOR	27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit Vlt/Vol.	31. Waste Codes	
	X	5) RQ, UN3265, WASTE FLAMMABLE LIQUID, TOXIC, CORROSIVE, N.O.S., 3(6.1, 8), PGII, (LEAD OXIDE, WATER), ERG131 (RQ=D004)	1	DF	75	P	D001 D002 D004 D008 D022 P012	
	X	6) UN1326, WASTE FLAMMABLE SOLIDS, ORGANIC, N.O.S., 4.1, PGII, (2,4 DINITROPHENYL HYDRAZINE, WATER), ERG133	1	DF	2	P	D001	
	X	7) UN3175, WASTE SOLIDS CONTAINING FLAMMABLE LIQUID, N.O.S., 4.1, PGII, (METHANOL, WATER), ERG133	1	DF	5	P	D001 F003	
	X	8) UN3098, WASTE OXIDIZING LIQUID, CORROSIVE, N.O.S., 5.1(8), PGII, (POTASSIUM PERMANGANATE, WATER), ERG140 (DOT-SP 13192)	1	DF	10	P	D001 D002 D007	
	X	9) UN3107, WASTE ORGANIC PEROXIDE TYPE E, LIQUID, 5.2, PGII, (PEROXYACETIC ACID <10%, WATER), ERG145 (DOT-SP 13192)	1	DF	2	P	D001 D002 D003	
	X	10) RQ, UN2025, WASTE MERCURY COMPOUNDS, SOLID, N.O.S., 6.1, PGII, (MERCURIC CHLORIDE, WATER), ERG161 (RQ=D009)	1	DF	2	P	D009	
	X	11) UN2467, WASTE PHENYL ISOCYANATE, 6.1(3), PGI, ERG155 (POISON INHALATION HAZARD ZONE B)	1	CF	2	P	D001	
	X	12) UN3265, WASTE CORROSIVE LIQUID, ACIDIC, ORGANIC, N.O.S., 8, PGII, (ACETIC ACID, WATER), ERG153	1	DF	5	P	D002	
	X	13) UN3264, WASTE CORROSIVE LIQUID, ACIDIC, INORGANIC, N.O.S., 8, PGII, (HYDROCHLORIC ACID, WATER), ERG154	1	DF	15	P	D002	
	X	14) RQ, NA2809, WASTE MERCURY, 8, PGIII, ERG172 (RQ=D009)	1	DF	2	P	D009	
	[5]LP-EMORT15-7(ZI)1x5DF [6]LP-EMORT15-8(ZN)1x5DF [7]327665(R5)1x5DF [8]LP-EMORT15-9(ZK1)1x5DF [9]LP-EMORT15-10(ZI)1x5DF [10]LP-EMORT15-2(ZI)1x5DF [11]LP-EMORT15-3(ZP1)1XPIHBOX [12]LP-EMORT15-1(ZI)1x5DF [13]LP-EMORT15-5(ZA)1x5DF [14]LP-EMORT15-11(ZR1)1x5DF [5]P012 = 50 gms							
	TRANSPORTER	33. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
		34. Transporter Acknowledgment of Receipt of Materials Printed/Typed Name _____ Signature _____ Month _____ Day _____ Year _____						
DESIGNATED FACILITY	35. Discrepancy							
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 5) H141 6) H061 7) H020 8) H141 9) H141 10) H141 11) H141 12) H141 13) H141 14) H141							

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number LD984774877	22. Page 3 of 4	23. Manifest Tracking Number 010775984 JJK					
24. Generator's Name MORTON GROVE PHARMACEUTICALS									
25. Transporter _____ Company Name				U.S. EPA ID Number					
26. Transporter _____ Company Name				U.S. EPA ID Number					
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes			
		No.	Type						
X	15) UN2794, BATTERIES, WET, FILLED WITH ACID, 9, PGII, (LEAD ACID BATTERIES), ERG164 UNIVERSAL WASTE	1	DF	10	P	None			
X	16) UN2734, WASTE AMINES, LIQUID, CORROSIVE, FLAMMABLE, N.O.S., 8(3), PGII, (TRIETHANOLAMINES, WATER), ERG132	1	DF	5	P	D001 D002			
X	17) UN3093, WASTE CORROSIVE LIQUIDS, OXIDIZING, N.O.S., 8(5.1), PGII, (PERCHLORIC ACID, WATER), ERG140	6	DF	300	P	D001 D002 E003			
X	18) UN1744, WASTE BROMINE SOLUTIONS, 8(6.1), PGI, ERG164 (POISON INHALATION HAZARD ZONE A) (DOT-SP 13182)	1	CF	2	P	D002			
X	19) UN2822, WASTE CORROSIVE LIQUIDS, TOXIC, N.O.S., 8(6.1), PGII, (LEAD, SELENIUM SULFIDE), ERG164	3	DF	150	P	D002 D006			
X	20) RQ, UN3082, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, LIQUID, N.O.S., 9, PGIII, (LINDANE, ACETONE), ERG171 (RQ-D013, U129)	5	DF	250	P	D001 D013 U129			
X	21) RQ, UN3077, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., 9, PGIII, (LINDANE, WATER), ERG171 (RQ-D013, U129)	2	DF	400	P	D013 U129			
X	22) UN3082, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, LIQUID, N.O.S., 9, PGIII, (SELENIUM SULFIDE, WATER), ERG171	1	DF	250	P	D010 U205			
	23) BATTERIES DRY, SEALED, N.O.S. (ALKALINE BATTERIES SPENT), UNIVERSAL WASTE	1	DF	5	P	None			
	24) NON RCRA / NON DOT REGULATED MATERIAL. (SODIUM CHLORIDE, WATER)	1	DM	250	P	None			
32. Special Handling Instructions and Additional Information [15]MORT15001(5R1)1x5DF [16]LP-EMORT15-5(2)1x5DF [17]50014173(LP7)1x5DF [18]LP-EMORT15-4(2P1)1x5DF [19]50014814(LP7)1x5DF [20]706833(V1)5x5DF [21]706833(ND)2x5DF [22]782127(ZV1)1x5DF [23]313081(BR5)1x5DF [24]315083(ZV7)1x5DF									
TRANSPORTER	33. Transporter _____ Acknowledgment of Receipt of Materials		Signature		Month	Day	Year		
	Printed/Typed Name								
TRANSPORTER	34. Transporter _____ Acknowledgment of Receipt of Materials		Signature		Month	Day	Year		
	Printed/Typed Name								
DESIGNATED FACILITY	35. Discrepancy								
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
	15)	H141	16)	H141	17)	H141	18)	H141	19)
20)	H061	21)	H141	22)	H061	23)	H141	24)	AM

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number IL0324771377		22. Page 4 of 4		23. Manifest Tracking Number 010775224 JJK	
24. Generator's Name MORTON GROVE PHARMACEUTICALS							
25. Transporter _____ Company Name						U.S. EPA ID Number	
26. Transporter _____ Company Name						U.S. EPA ID Number	
GENERATOR	27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers No. Type		29. Total Quantity	30. Unit WL/Vol.	31. Waste Codes
		25) NON RCRA / NON DOT REGULATED MATERIAL, (NON PCB BALLASTS)	1	DF	75	P	none
		26) NON RCRA / NON DOT REGULATED MATERIAL, (FLUTICASONE WATER)	3	DF	150	P	none
		27) NON RCRA / NON DOT REGULATED MATERIAL, (SODIUM CHLORIDE, WATER)	1	DF	75	P	none
		28) UNIVERSAL WASTE - FLUORESCENT BULBS, (FLUORESCENT LIGHT BULBS)	10	CF	50	P	none
		29) UNIVERSAL WASTE - FLUORESCENT BULBS, (MERCURY VAPOR BULBS)	1	DF	25	P	none
32. Special Handling Instructions and Additional Information [25]15002(NS)1x15DF [26]15004(LS)3x5DF [27]15003(ZV7)1x15DF [28]1330256(FR1)10XBOXES [29]1303022(FR3)1x15DF							
TRANSPORTER	33. Transporter _____ Acknowledgment of Receipt of Materials		Signature		Month Day Year		
	Printed/Typed Name						
DESIGNATED FACILITY	34. Transporter _____ Acknowledgment of Receipt of Materials		Signature		Month Day Year		
	Printed/Typed Name						
35. Discrepancy							
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 25) NA 26) NA 27) R10 28) H141 29) H141							

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number ILD984774977	2. Page 1 of 1	3. Emergency Response Phone 800-368-7242	4. Manifest Tracking Number 011062698 JJK	
5. Generator's Name and Mailing Address MORTON GROVE PHARMACEUTICALS 6451 WEST MAIN ST. MORTON GROVE, IL 60053		Generator's Site Address (if different than mailing address)				
Generator's Phone: 847 444 3757						
6. Transporter 1 Company Name THUNDERBIRD TRUCKING, LLC		U.S. EPA ID Number IND000123457				
7. Transporter 2 Company Name		U.S. EPA ID Number				
8. Designated Facility Name and Site Address TRADEBE TREATMENT AND RECYCLING LLC 4343 KENNEDY AVENUE EAST CHICAGO, IN 46312		U.S. EPA ID Number IND000546943				
Facility's Phone: 219 397 3951						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.
	X	1. UN334, SOLIDS CONTAINING CORROSIVE LIQUID, N.O.S., 8, POH, (PERCHLORIC ACID, SPILL PADS), ERG154	1	DF	75	P
		2.				
		3.				
		4.				
13. Waste Codes None						
14. Special Handling Instructions and Additional Information Emergency Response Provider: TRADEBE TREATMENT AND RECYCLING LLC CONFIRMALP-EMORT16 TRUCK#200 (IMORT2002(NTA)1x65DF						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Officer's Printed/Typed Name Ben Davis		Signature 			Month Day Year 4 23 13	
TRANSPORTER INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:			
	Transporter signature (for exports only):					
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials					
	Transporter 1 Printed/Typed Name STEVEN PAPPAS		Signature 			Month Day Year 4 23 13
	Transporter 2 Printed/Typed Name		Signature			Month Day Year
DESIGNATED FACILITY	18. Discrepancy					
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
	Manifest Reference Number:					
	18b. Alternate Facility (or Generator)		U.S. EPA ID Number			
	Facility's Phone:					
18c. Signature of Alternate Facility (or Generator)					Month Day Year	
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1. H141		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name Sandy Korman		Signature 			Month Day Year 10 23 13	



TRADE MARK

LAND DISPOSAL RESTRICTION NOTIFICATION FORM 1

Page 1 of 1

Generator Name/Location

1. Introduction

EPA ID Number:

100

Manifest Number

THE

Waste Analysis Available:

Yes ☒ No ☐

On file at facility

[illegible]

REGULATED CONSTITUENTS FOR F001, F002, F003, F004, F005, (for Column g)

- | | | | |
|---------------------------------|-----------------------------------|----------------------------|---|
| 1) Acetone | 8) Cyclohexanone | 15) Methylene Chloride | 22) 1,1,1 Trichloroethane |
| 2) Benzene | 9) o-Dichlorobenzene | 16) Methyl Ethyl Ketone | 23) 1,1,2 Trichloroethane |
| 3) N-Butyl Alcohol | 10) Ethyl Acetate | 17) Methyl Isobutyl Ketone | 24) 1,1,2 Trichloro 1,2,2 Trifluoroethane |
| 4) Carbon Disulfide | 11) Ethyl Benzene | 18) Nitrobenzene | 25) Trichloroethylene |
| 5) Carbon Tetrachloride | 12) Ethyl Ether | 19) Pyridine | 26) Trichlorofluoromethane |
| 6) Chlorobenzene | 13) Isobutanol (Isobutyl alcohol) | 20) Tetrachloroethylene | 27) Xylene (Total) |
| 7) Cresols (o, m, or p isomers) | 14) Methanol | 21) Toluene | |

I certify under penalty of law that the above information is accurate and true.

Signature

Print Name _____

For Davis

Date _____

06



8361131

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number ILD984774977		2. Page 1 of 3		3. Emergency Response Phone 800-388-7242		4. Manifest Tracking Number 011062785 JJK	
5. Generator's Name and Mailing Address MORTON GROVE PHARMACEUTICALS 5451 W. MAIN ST. MORTON GROVE, IL 60053						Generator's Site Address (if different than mailing address)			
Generator's Phone: 847-410-6767									
6. Transporter 1 Company Name THUNDERBIRD TRUCKING, LLC						U.S. EPA ID Number IND000123497			
7. Transporter 2 Company Name						U.S. EPA ID Number			
8. Designated Facility Name and Site Address TRADEBE TREATMENT AND RECYCLING LLC 4343 KENNEDY AVENUE EAST CHICAGO, IN 46312						U.S. EPA ID Number IND00046845			
Facility's Phone: 210-307-3051									

9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
X	1. UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGII, (ACETONITRILE, METHANOL), ERG128	6	DF	180	P	D001 F003
X	2. RQ, UN1993, WASTE FLAMMABLE LIQUIDS, N.O.S., 3, PGII, (TETRACHLOROETHYLENE, CHLOROFORM), ERG128 (RQ=D001)	9	DM	3600	P	D001 F003
X	3. RQ, UN1992, WASTE FLAMMABLE LIQUIDS, TOXIC, N.O.S., 3(6.1), PGII, (LINDANE, HEXANE), ERG131 (RQ=D013, D001)	2	DM	600	P	D001 D013 F003
X	4. UN1325, WASTE FLAMMABLE SOLIDS, ORGANIC, N.O.S., 4.1, PGII, (CARBON FILTERS), ERG133	1	DF	25	P	D001

14. Special Handling Instructions and Additional Information:
Emergency Response Provider: TRADEBE TREATMENT AND RECYCLING LLC CONFIRM LP-EMORT17 TRUCK#36
[1] 60021306(ZV1)X5DF [2] 706841(LF)X56DM [3] 1338274(LF)2X66DM [4] LP-EMORT17-1(ZP2)1X5DF

15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent.
 I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.

Generator's/Offor's Printed/Typed Name: **Ben Davis** Signature: *[Signature]* Month: **8** Day: **9** Year: **13**

16. International Shipments ☐ Import to U.S. ☐ Export from U.S. Port of entry/exit: Date leaving U.S.:

Transporter signature (for exports only):

17. Transporter Acknowledgment of Receipt of Materials
 Transporter 1 Printed/Typed Name: **JOHN PARISE** Signature: *[Signature]* Month: **8** Day: **9** Year: **13**
 Transporter 2 Printed/Typed Name: Signature: Month: Day: Year:

18. Discrepancy
 18a. Discrepancy Indication Space ☐ Quantity ☐ Type ☐ Residue ☐ Partial Rejection ☐ Full Rejection
 Manifest Reference Number:
 18b. Alternate Facility (or Generator) U.S. EPA ID Number:
 Facility's Phone:
 18c. Signature of Alternate Facility (or Generator) Month: Day: Year:

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)
 1. **H061** 2. **H061** 3. **H141** 4. **H141**

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a
 Printed/Typed Name: **MARI LOPEZ** Signature: *[Signature]* Month: **10** Day: **09** Year: **13**

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number ILD984774877	22. Page 2 of 3	23. Manifest Tracking Number 011062785 JJK		
24. Generator's Name MORTON GROVE PHARMACEUTICALS						
25. Transporter _____ Company Name				U.S. EPA ID Number		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit WL/Vol.	31. Waste Codes
		No.	Type			
X	5) RQ, UN2610, WASTE TOXIC, LIQUIDS, ORGANIC, N.O.S., 6.1, PGI, (TETRACHLOROETHYLENE, CHLOROFORM), ERG153 (RQ=D008)	1	DF	30	P	D001 D009 D019 D021 D022 D038
X	6) UN3093, WASTE CORROSIVE LIQUIDS, OXIDIZING, N.O.S., 8(5.1), PGI, (PERCHLORIC ACID, METHANOL), ERG140	6	DF	180	P	D001 D002 F003
X	7) UN2922, WASTE CORROSIVE LIQUIDS, TOXIC, N.O.S., 8(5.1), PGI, (LEAD, SELENIUM SULFIDE), ERG154	3	DF	90	P	D002 D008
X	8) RQ, UN3082, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, LIQUID, N.O.S., 9, PGI, (LINDANE, ACETONE), ERG171 (RQ=D013, U129)	7	DM	2200	P	D013 U129 D001
X	9) RQ, UN3077, WASTE ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S., 9, PGI, (LINDANE, BENZENE HEXACHLORIDE), ERG171 (RQ=D013, U129)	2	DF	300	P	D013 U129
	10) BATTERIES DRY, SEALED, N.O.S. (ALKALINE BATTERIES SPENT), UNIVERSAL WASTE	1	DF	12	P	none
	11) NON RCRA / NON DOT REGULATED MATERIAL, (NON PCB BALLASTS)	1	DF	30	P	none
	12) NON RCRA / NON DOT REGULATED MATERIAL, (EMPTY BOTTLES, PROPYLENE GLYCOL)	1	DF	75	P	none
	13) NON RCRA / NON DOT REGULATED MATERIAL, (EMPTY CONTAINERS)	2	DF	10	P	none
	14) UNIVERSAL WASTE - FLUORESCENT BULBS, (FLUORESCENT LIGHT BULBS)	9	CF	100	P	none
32. Special Handling Instructions and Additional Information [5]707172(LI)1x5DF D040 F002 [6]50014179(LP7)6x5DF [7]50014814(LP7)3x5DF [8]706836(LF)7x65DM [9]706839(ND)2x56DF [10]315081(BR)51x5DF [11]315082(NS)1x5DF [12]315083(ZV7)1x30DF [13]315585(NS)2x15DF [14]13362528(FR1)9X4FT BOX						
TRANSPORTER	33. Transporter _____ Acknowledgment of Receipt of Materials					
	Printed/Typed Name		Signature		Month Day Year	
TRANSPORTER	34. Transporter _____ Acknowledgment of Receipt of Materials					
	Printed/Typed Name		Signature		Month Day Year	
DESIGNATED FACILITY	35. Discrepancy					
	36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal and recycling systems)					
	5) H141	6) H141	7) H141	8) H061	9) H141	
	10) H141	11) NA	12) NA	13) NA	14) H141	

GENERATOR



Tradebe Treatment and Recycling, LLC

TRADEBE

LAND DISPOSAL RESTRICTION NOTIFICATION FORM 1

Page 1 of 2

Generator Name/Location

MORTON GROVE PHARMACEUTICALS

MORTON GROVE, IL 60053

EPA ID Number

ILD984774877

Manifest Number

011062785 JJK

Waste Analysis Available:

Yes ☒ No ☐

On file at facility

PROFILE #	RCRA NON-REGULATED Please check if waste stream is not regulated by RCRA	RCRA WASTE CODES (List all that apply)	SUBCATEGORY (See Table II and Select Key # if applicable)	TREATABILITY GROUP Please check the applicable treatability group		REGULATED CONSTITUENTS FOR F001, F002, F003, F004, F005	UNDERLYING HAZARDOUS CONSTITUENTS FOR D001*, D002, D003*, D004-D043
				Non-wastewater >1% TOC & >1% TSS	Wastewater	List all applicable constituents from key below	List all applicable constituents from Table 1
50021305		D001 F003	1	X		14	163
706841		D001 F003	1	X		20	
1336274		D001 D013 F003	1	X		14	163
LP-EMORT17-1		D001	1	X			
707172		D001 D003 D013 D021 D032 D033 D040 F002	1 15	X		20	261 80
50014179		D001 D002 F003	1 4	X		14	163

REGULATED CONSTITUENTS FOR F001, F002, F003, F004, F005, (for Column g)

- | | | | |
|---------------------------------|-----------------------------------|----------------------------|---|
| 1) Acetone | 8) Cyclohexanone | 15) Methylene Chloride | 22) 1,1,1 Trichloroethane |
| 2) Benzene | 9) o-Dichlorobenzene | 16) Methyl Ethyl Ketone | 23) 1,1,2 Trichloroethane |
| 3) N-Butyl Alcohol | 10) Ethyl Acetate | 17) Methyl Isobutyl Ketone | 24) 1,1,2 Trichloro 1,2,2 Trifluoroethane |
| 4) Carbon Disulfide | 11) Ethyl Benzene | 18) Nitrobenzene | 25) Trichloroethylene |
| 5) Carbon Tetrachloride | 12) Ethyl Ether | 19) Pyridine | 26) Trichlorofluoromethane |
| 6) Chlorobenzene | 13) Isobutanol (Isobutyl alcohol) | 20) Tetrachloroethylene | 27) Xylene (Total) |
| 7) Cresols (o, m, or p isomers) | 14) Methanol | 21) Toluene | |

I certify under penalty of law that the above information is accurate and true.

Signature

Print Name

Ben Davis

Date

05/08/13



Tradeba Treatment and Recycling, LLC

TRADE

LAND DISPOSAL RESTRICTION NOTIFICATION FORM 1 (Continuation)

Page _____ of _____

Of

Manifest No.

[illegible]



Tradebe Treatment and Recycling, LLC

TRADEBE[®]

LAB PACK DRUM INVENTORY

Tradebe Lab Pack Profile #: LP-EMORT17 " 4

Drum #:

Generator Name: MORTON GROVE PHARMACEUTICALS

Drum size & type: 50E

Generator EPA ID Number: ILD984774877

Process Code: 787

DOT Proper Shipping Description: UN1325 WASTE FLAMMABLE SOLIDS ORGANIC N.O.S.

4.4. FGM. (CARBON FILTERS) ERG 139

Lab Pack Type:	Appendix	IV	V	All Other Waste <input checked="" type="checkbox"/>
----------------	----------	----	---	---

[illegible]

Certification: The listing above is an accurate and complete description of the contents of this drum and is packed in accordance with 49 cfr 173.12

Packaged by (print): JOHN PARISE

Date: 5 / 9 / 2013

Signature: _____

ILD 984 774 877



FedEx Priority Overnight (Tracking No. 822748884520)

January 11, 2001

Morton Grove Pharmaceuticals, Inc.
6451 West Main Street
Morton Grove, Illinois 60053
Phone (847) 967-5600
Fax (847) 967-2211

Ms. Diane M. Sharrow
Environmental Scientist
USEPA Region 5
Waste, Pesticides & Toxics Division
77 W Jackson Blvd., Mail Code: DRE-9J
Chicago, IL 60604-3590

Re: Compliance Evaluation Inspection, July 21, 2000
EPA ID#: ILD 984 774 877

As a part of our response to the Notice of Violation based on the Compliance Evaluation Inspection of July 21, 2000, the company has completed the revision of its Environmental Incident Control Plan (Contingency Plan). Enclosed please find a copy of the revised plan for your files. Should you have any questions, please do not hesitate to call me.

Sincerely,

Dushyant Chhapkatty
Vice President, Operations

Enclosure: Environmental Incident Control Plan (Contingency Plan)
Copy of the Letter to Local Authorities



CERTIFIED MAIL
P 393 565 605

January 11, 2001

Morton Grove Pharmaceuticals, Inc.
6451 West Main Street
Morton Grove, Illinois 60053

Phone (847) 967-5600
Fax (847) 967-2211

Ms. Julia M. Gentile
Chief, Division of Chemical
Emergency Preparedness & Prevention
110 East Adams Street
Springfield, IL 62701-1109

Re: Environmental Incident Control Plan (Contingency Plan), (Revised: Dec. 2000)
Facility Name: Morton Grove Pharmaceuticals, Inc.
Facility Location: 6451 W. Main Street, Morton Grove, IL 60053

The company has recently revised its Environmental Incident Control Plan (Contingency Plan). Enclosed please find a copy of the revised plan for your files. Should you have any questions, please do not hesitate to call me.

Sincerely,

Dushyant Chhabalkatty
Vice President, Operations

Enclosure: Completed Copy of IEMA- Chemical Safety Act Compliance Form
Revised Contingency Plan

Cc w/Revised Plan

Morton Grove Fire Department
6250 Lincoln Avenue
Morton Grove, IL 60053
ATTN: Chief Czerwinski (Certified Mail/P 393 565 274)

Morton Grove Police Department
6101 Capulina
Morton Grove, IL 60053
ATTN: Deputy Chief Louis Rossi (Certified Mail/P 393 565 275)

Lutheran General Hospital
1775 Dempster
Park Ridge, IL 60068
ATTN: Emergency Room, Shirley Swanson (Certified Mail/P 393 565 602)

Concentra Medical Centers
8125 River Drive
Morton Grove, IL 60053
ATTN: Jeffrey Dorfman (Certified Mail/P 393 565 603)

Local Emergency Planning Committee
1401 Maybrook Drive
Maywood, IL 60153
ATTN: Tom Loftus (Certified Mail/P 393 565 604)

EPA Region 5

DE-9J

OCT 05 2000

CERTIFIED MAILRETURN RECEIPT REQUESTED

Vimal Bahl, AEP, CHMM
Supervisor for Health, Safety
and Environmental Operations
Morton Grove Pharmaceuticals, Incorporated
6451 West Main Street
Morton Grove, Illinois 60053

Re: Letter of Acknowledgment
Compliance Evaluation Inspection
EPA I.D. No.: ILD 984 774 877

Dear Ms. Bahl:

On August 25, 2000, the United States Environmental Protection Agency (U.S. EPA) issued Morton Grove Pharmaceuticals, Incorporated (MGP), a Notice of Violation (NOV) which identified violations of Title 35 of the Illinois Administrative Code (IAC). U.S. EPA received your response to the NOV that was dated September 22, 2000, and determined that no further enforcement action will be taken at this time.

However, as part of the response, you stated that MGP is revising the Contingency Plan, and that the changes will be made within 90 days (approximately December 22, 2000). U.S. EPA agrees to this time frame, and would like a copy of the Contingency Plan to be submitted to this office on or about December 22, 2000.

This position does not limit your liability for compliance with all the applicable provisions of the IAC, as well as Title 40 of the Code of Federal Regulations (40 CFR). Your hazardous waste management operations will continue to be evaluated by U.S. EPA and the Illinois Environmental Protection Agency (IEPA) in the future.

If you have any questions and/or concerns regarding this matter, please contact Ms. Diane Sharrow, of my staff, at (312)886-6199.

Sincerely,

Lorna M. Jereza, P.E., Chief
Compliance Section 1
Enforcement and Compliance Assurance Branch
Waste, Pesticides and Toxics Division

cc: Cliff Gould, IEPA - Maywood
Todd Marvel, IEPA - Springfield

bcc: D. Sharrow, ECAB, CS1
Section File
Branch File

DE-9J:DSHARROW:engram/10/4/0 F:\USER\DSHARROW\MGRx.acknowledgement.1tr

ENFORCEMENT AND COMPLIANCE ASSURANCE BRANCH

SECRETARY	SECRETARY	SECRETARY
<i>10/4/00</i>		
AUTHOR/ TYPIST	COMPLIANCE SECTION 1 CHIEF	ECAB BRANCH CHIEF
<i>WU for D.S.</i>	<i>WU, 10/5/00</i>	



Certified Mail/Return Receipt Requested

P 393 565 264

September 22, 2000

Morton Grove Pharmaceuticals, Inc.
6451 West Main Street
Morton Grove, Illinois 60053
Phone (847) 967-5600
Fax (847) 967-2211

Ms. Diane Sharrow
USEPA, Region 5
77 W Jackson Blvd., DE-9J
Chicago, IL 60604

**Re: Notice of Violation dated August 25, 2000
Compliance Evaluation Inspection, July 21, 2000
EPA ID #: ILD 984 774 877**

Dear Ms. Sharrow:

In reference to the Notice of Violation letter, dated August 25, 2000, issued from your office regarding the Compliance Evaluation Inspection conducted for Morton Grove Pharmaceuticals, on July 21, 2000, our responses are as presented below. For ease of reference, we have listed each individual observation separately followed by its response:

Observation:

~ IAC Part 722: Standards Applicable to Generators of Hazardous Waste:

Section 722.134 (a) (4) – MGP does not have interim status or a permit. MGP failed to comply with the requirements of Part 725, Subpart C and D, which would exempt MGP from the requirements to have interim status or a permit. Specifically, IAC 725.134, 725.135, 725.152 (e), 725.153, 725.274

Response:

725.134: Access to Communication or Alarm System

All MGP personnel, including those that are involved in handling of hazardous waste, do have easy access to telephones and therefore, Company's internal paging system. In addition, these personnel also carry walkie-talkies for communication purposes.

725.135: Required Aisle Space

The Aisles containing Hazardous Waste have been cleared up to allow the unobstructed movement of personnel, fire protection equipment etc. A copy of current internal Inspection Report and a picture is being attached as a proof of MGP's compliance.

725.152 (e): Contents of Contingency Plan –Brief outline of emergency equipment capabilities

The Contingency Plan (Environmental Incident Control Plan), in effect at the time of inspection, does cover the capabilities of the emergency equipment. However, based upon our discussion during the inspection and subsequent in-depth review of the plan indicates that the plan needs minor enhancements. These enhancements will be completed approximately in 90 days.

725.153: Copies of Contingency Plan

MGP's current Contingency Plan (Attachment II) includes "Illinois Emergency Management Agency – Chemical Safety Act Compliance Form" which lists all local authorities, to which the plan was officially submitted.

A copy of this form is being enclosed with this response for your records.

In addition, the company has made a written inquiry with the local authorities requesting confirmation that they do have a copy of MGP's contingency plan on their files. A copy of our written inquiry along with response from Fire Dept. with their written confirmation is also enclosed.

725.274 Inspection

We would like to submit that routine weekly inspections are carried out for all those areas where hazardous waste containers are stored to ensure that the containers are not leaking or deteriorating. These areas include satellite accumulation points as well as accumulation point. A copy of the weekly inspection report is also enclosed in the package as a proof of our compliance.

Section 722.134 (c) – MGP failed comply with the conditional exemption for satellite accumulation.

As a compliance policy, MGP does not accumulate more than 55 gallons of hazardous waste or one quart of acutely hazardous waste in containers at or near any point of generation.

As discussed during the inspection, the new "Start Date" was not accurately recorded on the container at satellite accumulation point. To avoid similar occurrences in future, we have revised our Standard Operating Procedure for storing hazardous waste and disposal (Procedure #: MM-502-265 Rev.3) to include a brief description on Start Date and its significance in Satellite Accumulation Point and Accumulation Point. Enclosed is a copy of our revised "SOP" for your files.

Observation:

~ IAC Part 725: Interim Status Standards for Owners and Operators of Treatment, Storage and Disposal Facilities

Section 725.134 – MGP failed to ensure that where hazardous waste was being handled, all employees have immediate access to an internal alarm or other emergency communication device

All MGP personnel, including those that are involved in handling of hazardous waste, do have easy access to telephones and therefore, Company's internal paging system. In addition, these personnel also carry walkie-talkies for communication purposes.

725.135: MGP failed to maintain adequate aisle space in the waste solvent storage area.

The Aisles containing Hazardous Waste have been cleared up to allow the unobstructed movement of personnel, fire protection equipment etc. A copy of current internal Inspection Report and a picture is being attached as a proof of MGP's compliance.



725.152 (e): MGP failed to identify the capability of all emergency equipment in the contingency plan.

The Contingency Plan (Environmental Incident Control Plan), in effect at the time of inspection, does cover the capabilities of the emergency equipment. However, based upon our discussion during the inspection and subsequent in-depth review of the plan indicates that the plan needs minor enhancements. These enhancements will be completed approximately in 90 days.

725.153: MGP failed to submit the contingency plan to the local police and fire departments, the local hospital and local emergency response teams.

MGP's current Contingency Plan (Attachment II) includes "Illinois Emergency Management Agency – Chemical Safety Act Compliance Form" which lists all local authorities where the plan was officially submitted.

A copy of this form is being enclosed with this response for your records.

In addition, the company has made a written inquiry with the local authorities requesting confirmation that they do have a copy of MGP's contingency plan on their files. A copy of our written inquiry along with Fire Dept.'s written confirmation is also enclosed.

725.274: MGP failed to complete weekly inspection reports for a hazardous waste storage area that MGP considers satellite accumulation.

We would like to submit that routine weekly inspections are carried out for all those areas where hazardous waste containers are stored to ensure that the containers are not leaking or deteriorating. These areas include satellite accumulation points as well as accumulation point. A copy of the weekly inspection report is also enclosed in the package as a proof of our compliance.

This package also includes the latest copy of the Notification of Regulated Waste Activity "EPA 8700-12" form submitted to the Illinois EPA for your files.

Should you need any additional information from us, please let me know.

Sincerely,

Vimal Bahl

Vimal Bahl, AEP, CHMM
Supervisor, HS & E Operations

Cc w/enclosures:

Lorna M. Jereza, P.E., Chief, Region 5 (Certified Mail/ P 393 565 265)
Cliff Gould, IEPA – Maywood (Certified Mail/ P 393 565 266)
Todd Marvel, IEPA – Springfield (Certified Mail/ P 393 565 267)
Louis W. Windecker, VP - Morton Grove Pharmaceuticals
Dushyant Chipalkatty, VP - Morton Grove Pharmaceuticals





Morton Grove Pharmaceuticals, Inc.
6451 West Main Street
Morton Grove, Illinois 60053
Phone (847) 967-5600
Fax (847) 967-2211

CERTIFIED MAIL
P393 565 562

RETURN RECEIPT REQUESTED

September 1, 2000

Morton Grove Fire Department
6250 Lincoln Avenue
Morton Grove, IL 60053
Attn: Chief Czerwinski

Re: Environmental Incident Control Plan/Contingency Plan (Revised May 1997)

Our records indicate that a copy of the above referenced plan was submitted to your department in June 1997. Please respond to us in writing confirming that your department received a copy.

Thank you for your time and cooperation.

Sincerely,

A handwritten signature in cursive script that reads 'Vimal Bahl'.

Vimal Bahl, AEP, CHMM
(Supv, HS& E Operations)



Morton Grove Pharmaceuticals, Inc.
6451 West Main Street
Morton Grove, Illinois 60053
Phone (847) 967-5600
Fax (847) 967-2211

CERTIFIED MAIL
P393 565 563

RETURN RECEIPT REQUESTED

September 1, 2000

Morton Grove Police Department
6101 Capulina
Morton Grove, IL 60053
Attn: Deputy Chief Frank Pantaleo

Re: Environmental Incident Control Plan/Contingency Plan (Revised May 1997)

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Thank you for your time and cooperation.

Sincerely,

Vimal Bahl, AEP, CHMM
(Supv, HS& E Operations)



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6451 West Main Street
Morton Grove, Illinois 60053
Phone (847) 967-5600
Fax (847) 967-2211

CERTIFIED MAIL
P393 565 564

RETURN RECEIPT REQUESTED

September 1, 2000

Lutheran General Hospital
1775 W. Dempster Street
Park Ridge, IL 60068
Attn: Emergency Room, Terrie Sobeski

Re: Environmental Incident Control Plan/Contingency Plan (Revised May 1997)

Our records indicate that a copy of the above referenced plan was submitted to your department in June 1997. Please respond to us in writing confirming that your department received a copy.

Thank you for your time and cooperation.

Sincerely,

Vimal Bahl, AEP, CHMM
(Supv, HS& E Operations)



Morton Grove Pharmaceuticals, Inc.
6451 West Main Street
Morton Grove, Illinois 60053
Phone (847) 967-5600
Fax (847) 967-2211

CERTIFIED MAIL
P393 565 565

RETURN RECEIPT REQUESTED

September 1, 2000

Local Emergency Planning Committee
1401 Maybrook Drive
Maywood, IL 60153
Attn: Tom Loftus

Re: Environmental Incident Control Plan/Contingency Plan (Revised May 1997)

Our records indicate that a copy of the above referenced plan was submitted to your department in June 1997. Please respond to us in writing confirming that your department received a copy.

Thank you for your time and cooperation.

Sincerely,

A handwritten signature in cursive script that reads "Vimal Bahl".

Vimal Bahl, AEP, CHMM
(Supv, HS& E Operations)

ATTACHMENT II
RECIPIENTS OF CONTINGENCY PLAN

ATTACHMENT II

Copies of contingency plan must be sent to the following:

1. Morton Grove Fire Department
6250 Lincoln Avenue
Morton Grove, IL 60053
ATTN: Chief Czerwinski
2. Morton Grove Police Department
6101 Capulina
Morton Grove, IL 60053
ATTN: Deputy Chief Frank Pantaleo
3. Lutheran General Hospital
1775 Dempster
Park Ridge, IL 60668
ATTN: Emergency Room, Terrie Sobeski
4. Local Emergency Planning Committee
1401 Maybrook Drive
Maywood, IL 60153
ATTN: Tom Loftus

CHEMICAL SAFETY ACT COMPLIANCE FORM1. Name of Facility: MORTON GROVE PHARMACEUTICALS, INC.2. Address of Facility: 6451 W. MAIN STREETMORTON GROVE, IL 60053COOK
(County)3. Standard Industrial Classification (SIC) Code: 28344. Number of Employees: 1515. Contact Person: LARRY BRAND Phone: 847-967-5600

6. Date in which your facility's Chemical Safety Contingency Plan was. . .

☐ finalized ☒ revised: MAY, 1997

7. Name and address of Local Government Emergency Agencies and any other organization(s) where a copy of your facility's Chemical Safety Contingency Plan is officially filed (use additional sheets if necessary):

Planning Agency: SEE ATTACHED

Address: _____

Date filed: _____

Response Agency: _____

Address: _____

Date filed: _____

Other: _____

Address: _____

Date filed: _____

I certify that the above information is true, accurate and complete.

Lawrence R. Brand
Name (Please Print)Lawrence R. Brand
SignatureJune 17, 1997
DateSenior Director Human Resources
Title

Required Response Notice: Information required by this form must be provided to comply with Public Act 84-852, "Illinois Chemical Safety Act". Failure to so provide may result in a civil penalty not to exceed \$10,000 per violation, and an additional civil penalty not to exceed \$1,000 for each day during which such violation continues.

1. Morton Grove Fire Department
6250 Lincoln Avenue
Morton Grove, IL 60053
ATTN: Chief Czerwinski
2. Morton Grove Police Department
6101 Capulina
Morton Grove, IL 60053
ATTN: Deputy Chief Frank Pantaleo
3. Lutheran General Hospital
1775 Dempster
Park Ridge, IL 60668
ATTN: Emergency Room, Terrie Sobeski
4. Local Emergency Planning Committee
1401 Maybrook Drive
Maywood, IL 60153
ATTN: Tom Loftus



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF

AUG 25 2000

DE-9J

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Vimal Bahl, AEP, CHMM
Supervisor for Health, Safety
and Environmental Operations
Morton Grove Pharmaceuticals, Incorporated
6451 West Main Street
Morton Grove, Illinois 60053

Re: Notice of Violation
Compliance Evaluation Inspection
EPA I.D. No.: ILD 984 774 877

Dear Ms. Bahl:

On July 21, 2000, a representative of the United States Environmental Protection Agency (U.S. EPA) inspected Morton Grove Pharmaceuticals, Incorporated (MGP) located in Morton Grove, Illinois. The purpose of the inspection was to evaluate MGP's compliance with the Standards Applicable to Generators of Hazardous Waste, the Interim Status Standards for Owners and Operators of Hazardous Waste Treatment, Storage and Disposal Facilities, and the Land Disposal Restrictions set forth at Illinois Administrative Code (IAC), Title 35: Environmental Protection, Subtitle G: Waste Disposal, Chapter I: Pollution Control Board. Enclosed please find a copy of our inspection report.

Based on the July 21, 2000, inspection, we have determined that MGP is violating the following regulations.

~ IAC Part 722: Standards Applicable to Generators of Hazardous Waste:

Section 722.134(a)(4) - MGP does not have interim status or a permit. MGP failed to comply with the requirements of Part 725,

Subparts C and D, which would exempt MGP from the requirement to have interim status or a permit. Specifically, IAC 725.134, 725.135, 725.152(e), 725.153 and 725.274.

Section 722.134(c)- MGP failed comply with the conditional exemption for satellite accumulation.

~ IAC Part 725: Interim Status Standards for Owners and Operators of Treatment, Storage and Disposal Facilities:

Section 725.134 - MGP failed to ensure that where hazardous waste was being handled, all employees must have immediate access to an internal alarm or other emergency communication device.

Section 725.135 - MGP failed to maintain adequate aisle space in the waste solvent storage area.

Section 725.152(e) - MGP failed to identify the capability of all emergency equipment in the contingency plan.

Section 725.153 - MGP failed to submit the contingency plan to the local police and fire departments, the local hospital and local emergency response teams.

Section 725.274 - MGP failed to complete weekly inspection reports for a hazardous waste storage area that MGP considered satellite accumulation.

According to Section 3008(a) of the Resource Conservation and Recovery Act (RCRA), U.S. EPA may issue an order assessing a civil penalty for any past or current violation requiring compliance immediately or within a specified time period. Although this letter is not such an order, we request that you submit a written response to the violations cited above within 30 days of receipt of this letter. The response should document the actions, if any, which you have taken since the inspection to comply with the above requirements. The response should include a copy of any additional EPA form 8700-12 (Notification of Regulated Waste Activity) filed with the Illinois Environmental Protection Agency. A copy of the most recent EPA Form 8700-12 should always be kept at the facility. You should submit your response to Diane Sharrow, United States Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, DE-9J, Chicago, Illinois 60604.

If you have any questions regarding this matter, feel free to contact Diane Sharrow, of my staff, at (312) 886-6199.

Sincerely,

A handwritten signature in cursive script, reading "Lorna M. Jereza".

Lorna M. Jereza, P.E., Chief
Compliance Section 1
Enforcement and Compliance Assurance Branch
Waste, Pesticides and Toxics Division

Enclosure

cc: Cliff Gould, IEPA - Maywood
Todd Marvel, IEPA - Springfield

U.S. EPA - Region 5
Waste, Pesticides and Toxics Division
Enforcement and Compliance Assurance Branch

AUG 25 2000

COMPLIANCE EVALUATION INSPECTION REPORT

FACILITY NAME: Morton Grove Pharmaceuticals, Inc.
USEPA ID NO: ILD 984 774 877
FACILITY ADDRESS: 6451 West Main Street
Morton Grove, Illinois 60053
FACILITY TYPE: Large Quantity Generator
FACILITY REPRESENTATIVE: Dushyant Chipalkatty, Vice-President
of Operations
Vimal Bahl, Supervisor of Health,
Safety and Environmental Operations
USEPA INSPECTOR: Diane Sharrow
STATE INSPECTOR: None
DATE OF INSPECTION: July 21, 2000
NAIC CODE:
INSPECTION PRIORITY,
SECTOR AND/OR PROCESS: Pharmaceutical
PBTs:

INTRODUCTION:

Prior to the completion of a Compliance Evaluation Inspection (CEI) at this Facility, all files in the RCRA File Room were reviewed. From review of the files and the RCRIS database it was determined that Morton Grove Pharmaceuticals, Incorporated (MGP), had notified the U.S. EPA of its hazardous waste activities on or about May 16, 1989 and June 29, 1993. The initial notification identifies U129 and U205 as the hazardous waste generated at the facility. The supplemental notification identifies a change in owner, a name change and adds F003 hazardous waste as being generated at the facility. Additional correspondence in the file, indicates another name on November 28, 1994. No process or sector manuals were reviewed prior to the CEI. There are no known hazardous waste permits or orders in existence for this facility.

FACILITY BACKGROUND:

MGP manufactures generic pharmaceutical products, and health and beauty aids. The facility appears to have been sold in 1996, but the most recent notification form (EPA Form 8700-12) in the database appears to be from 1993.

COMPLIANCE EVALUATION INSPECTION:

I arrived at the Facility at approximately 10:30 am CST. I introduced myself to the Receptionist and presented my Enforcement/Inspection credentials. I was then referred to Vimal Bahl, Supervisor for Health, Safety and Environmental Operations. I explained the purpose of my inspection to Ms. Bahl. Ms. Bahl then introduced me to Dushyant Chipalkatty, the Vice President of Operations. We convened in a conference room. During this meeting I once again presented my credentials and gave a brief introduction as to the purpose of the inspection, and in compliance with the *Small Business and Regulatory Fairness Act*, (SBREFA), provided Mr. Chipalkatty and Ms. Vimal with a copy of the U.S. EPA Information Sheet entitled, *Information for Small Businesses*. Mr. Chipalkatty then left and Ms. Bahl provided me with the records I needed to review and gave me a tour of the facility.

I started the inspection with a review of manifests, waste analysis and annual reports. The manifest review indicated that the facility also generated hazardous wastes D001, D002, D003, D010, D013. Ms. Vimal thought these were one time wastes. I informed Ms. Vimal that the facility should contact the Illinois Environmental Protection Agency (IEPA), and ensure that the last change of ownership in 1996 and any additional waste codes were reported on a Notification of Hazardous Waste Activity (EPA Form 8700-12). I then toured two of the facility's hazardous waste storage areas; the waste lindane storage area and the waste solvent storage area. The waste solvent area contained three 55 gallon containers stored under a shelf, that was blocked by a number of boxes and containers of supplies. I told Ms. Bahl that there was inadequate aisle space as is required by Illinois Administrative Code (IAC) Section 725.135, and that staff would be hindered in their ability to inspect the containers. Ms. Bahl explained that the facility is experiencing a shortage of storage space for supplies and is currently looking to expand or to lease or purchase additional space. I informed Ms. Bahl that adequate aisle space must be provided at all times. We then returned to the conference room where I completed my record review.

During the review of the facility contingency plan, I noted that the facility did not have proof that the contingency plan had been submitted to the local emergency authorities, including the local fire and police departments, the local hospital and emergency response teams as required by IAC Section 725.153. Ms. Vimal informed me that the contingency plan was being updated to incorporate additions and changes to the facility. I told her

that these revisions were appropriate under IAC Section 725.154, and that these revisions must be included in the annual personnel training and training for new employees that is required under IAC 725.116. I also found that description of the capability of the emergency equipment in the facility contingency plan was not specific as required by IAC 725.152(e).

Upon completion of the record review, Ms. Vimal and I then went to inspect two satellite accumulation areas. The Quality Control Laboratory had one satellite accumulation container. The other satellite accumulation area was a locked room that held 14 containers. One container was full and had a November 1999 accumulation start date. There were nine containers (approximately 5 gallons each) that had various accumulation start dates going back to June of 2000. There were two 55 gallon drums with no waste codes. There was one box with an accumulation start date of April 4, 2000.

I told Ms. Vimal that satellite accumulation must occur at or near the point of the generation where wastes initially accumulate and which is under the control of the operator of the process generating the waste. I also told Ms. Vimal that such accumulation is to be limited to 55 gallons. If the 55 gallons is exceeded, then the container must be marked with an accumulation date and within three days be moved to a hazardous waste storage area. (IAC Section 722.134). I then told Ms. Vimal that the locked area appeared to actually be another hazardous waste storage area and that the facility should be complying with IAC Sections 725.274 regarding weekly inspection reports, and that IAC 725.134 required employees handling such waste to have immediate access to an internal alarm or other emergency communication device. Ms. Vimal stated that the facility used the "buddy system" when handling hazardous waste in this area.

Prior to departing the facility, Ms. Bahl and I held a brief exit interview in the conference room. I informed Ms. Bahl that I would be sending a Notice of Violation Letter that included the completed inspection checklist and an inspection report.

FINDINGS:

Pursuant to Section 3006 of RCRA, 42 U.S.C. § 6926, the Administrator of U.S. EPA may authorize a state to administer the RCRA hazardous waste program in lieu of the federal program when the Administrator finds that the state program meets certain conditions. Any violation of regulations promulgated pursuant to Subtitle C (Sections 3001-3023 of RCRA, 42 U.S.C. §§ 6921-6939e) or of any state provision authorized pursuant to Section 3006 of

RCRA, constitutes a violation of RCRA, subject to the assessment of civil penalties and issuance of compliance orders as provided in Section 3008 of RCRA, 42 U.S.C. § 6928.

Pursuant to Section 3006(b) of RCRA, 42 U.S.C. § 6926(b), the Administrator of U.S. EPA granted the State of Illinois final authorization to administer a state hazardous waste program in lieu of the federal government's base RCRA program effective January 31, 1986. 51 Fed. Reg. 3778 (January 31, 1986). The Administrator of U.S. EPA granted Illinois final authorization to administer certain HSWA and additional RCRA requirements effective March 5, 1988, 53 Fed. Reg. 126 (January 5, 1988); April 30, 1990, 55 Fed. Reg. 7320 (March 1, 1990); June 3, 1991, 56 Fed. Reg. 13595 (April 3, 1991); August 15, 1994, 59 Fed. Reg. 30525 (June 14, 1994); May 14, 1996, 61 Fed. Reg. 10684 (March 15, 1996); and October 4, 1996, 61 Fed. Reg. 40520 (August 5, 1996). The U.S. EPA-authorized Illinois regulations are codified at 35 Illinois Administrative Code (IAC) Part 703 et seq. See also 40 C.F.R. § 272.700 et seq..

MGP has violated the following regulations:

Part 722: Standards Applicable to Generators of Hazardous Waste:

Sections 722.134(a)(1), (a)(4) and (a)(c)

Part 725: Interim Status Standards for Owners and Operators of Treatment, Storage and Disposal Facilities:

Sections 725.134, 725.135, 725.152(e), 725.153 and Section 725.274

FOLLOW-UP:

A Notice of Violation will be issued to Morton Grove Pharmaceuticals, Incorporated.

Attachments:

Inspection Checklist

U.S. EPA - Region 5
Waste, Pesticides and Toxics Division
Enforcement and Compliance Assurance Branch

CEI INSPECTION REPORT

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Morton Grove, Illinois 60053
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FACILITY REPRESENTATIVE: Dushyant Chipalkatty, Vice-President
of Operations
Vimal Bahl, Supervisor of Health,
Safety and Environmental Operations
USEPA INSPECTOR: Diane Sharrow
STATE INSPECTOR: None
DATE OF INSPECTION: July 21, 2000
NAIC CODE:
INSPECTION PRIORITY,
SECTOR AND/OR PROCESS: Pharmaceutical
PBTs:

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her that these revisions were appropriate under IAC Section 725.154, and that these revisions must be included in the annual personnel training and training for new employees that is required under IAC 725.116. I also found that description of the capability of the emergency equipment in the facility contingency plan was not specific as required by IAC 725.152(e).

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FINDINGS:

Pursuant to Section 3006 of RCRA, 42 U.S.C. § 6926, the Administrator of U.S. EPA may authorize a state to administer the RCRA hazardous waste program in lieu of the federal program when the Administrator finds that the state program meets certain conditions. Any violation of regulations promulgated pursuant to Subtitle C (Sections 3001-3023 of RCRA, 42 U.S.C. §§ 6921-6939e) or of any state provision authorized pursuant to Section 3006 of

RCRA, constitutes a violation of RCRA, subject to the assessment of civil penalties and issuance of compliance orders as provided in Section 3008 of RCRA, 42 U.S.C. § 6928.

Pursuant to Section 3006(b) of RCRA, 42 U.S.C. § 6926(b), the Administrator of U.S. EPA granted the State of Illinois final authorization to administer a state hazardous waste program in lieu of the federal government's base RCRA program effective January 31, 1986. 51 Fed. Reg. 3778 (January 31, 1986). The Administrator of U.S. EPA granted Illinois final authorization to administer certain HSWA and additional RCRA requirements effective March 5, 1988, 53 Fed. Reg. 126 (January 5, 1988); April 30, 1990, 55 Fed. Reg. 7320 (March 1, 1990); June 3, 1991, 56 Fed. Reg. 13595 (April 3, 1991); August 15, 1994, 59 Fed. Reg. 30525 (June 14, 1994); May 14, 1996, 61 Fed. Reg. 10684 (March 15, 1996); and October 4, 1996, 61 Fed. Reg. 40520 (August 5, 1996). The U.S. EPA-authorized Illinois regulations are codified at 35 Illinois Administrative Code (IAC) Part 703 *et seq.* See also 40 C.F.R. § 272.700 *et seq.*

Morton Grove Pharmaceuticals, Incorporated has violated the following regulations:

Part 722: Standards Applicable to Generators of Hazardous Waste:

Sections 722.134(a)(1), (a)(4) and (a)(c)

Part 725: Interim Status Standards for Owners and Operators of Treatment, Storage and Disposal Facilities:

Sections 725.134, 725.135, 725.152(e), 725.153 and Section 725.274

FOLLOW-UP:

A Notice of Violation will be issued to Morton Grove Pharmaceuticals, Incorporated.

Attachments:

Inspection Checklist

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Vimal Bahl, AEP, CHMM
Supervisor for Health, Safety
and Environmental Operations
Morton Grove Pharmaceuticals, Incorporated
6451 West Main Street
Morton Grove, Illinois 60053

Re: Notice of Violation
Compliance Evaluation Inspection
EPA I.D. No.: ILD 984 774 877

Dear Ms. Bahl:

On July 21, 2000, a representative of the United States Environmental Protection Agency (U.S. EPA) inspected Morton Grove Pharmaceuticals, Incorporated (MGP) located in Morton Grove, Illinois. The purpose of the inspection was to evaluate MGP's compliance with the Standards Applicable to Generators of Hazardous Waste, the Interim Status Standards for Owners and Operators of Hazardous Waste Treatment, Storage and Disposal Facilities, and the Land Disposal Restrictions set forth at 35 Illinois Administrative Code (IAC), Title 35: Environmental Protection, Subtitle G: Waste Disposal, Chapter I: Pollution Control Board). Enclosed please find a copy of our inspection report.

Based on the July 21, 2000, inspection, we have determined that MGP is violating the following regulations.

~ IAC Part 722: Standards Applicable to Generators of Hazardous Waste:

Section 722.134 (a)(1) and 722.134(a)(4) - MGP does not have interim status or a permit. MGP failed to comply with the requirements of Part 725, Subpart I, and 722.135.

Section 722.134(c) - MGP failed comply with the requirements for satellite accumulation.

~ IAC Part 725: Interim Status Standards for Owners and Operators of Treatment, Storage and Disposal Facilities:

Section 725.134 - MGP failed to ensure that where hazardous waste was being handled, all employees must have immediate access to an internal alarm or other emergency communication device.

Section 725.135 - MGP failed to maintain adequate aisle space in the waste solvent storage area.

Section 725.152(e) - MGP failed identify the capability of all emergency equipment in the contingency plan.

Section 725.153 - MGP failed to submit the contingency plan to the local police and fire departments, the local hospital and local emergency response teams.

Section 725.274 - MGP failed to complete weekly inspection reports for a hazardous waste storage area that MGP considered satellite accumulation.

According to Section 3008(a) of the Resource Conservation and Recovery Act (RCRA), U.S. EPA may issue an order assessing a civil penalty for any past or current violation requiring compliance immediately or within a specified time period. Although this letter is not such an order, we request that you submit a written response to the violations cited above within 30 days of receipt of this letter. The response should document the actions, if any, which you have taken since the inspection to comply with the above requirements. The response should include a copy of any additional EPA form 8700-12 (Notification of Regulated Waste Activity) filed with the Illinois Environmental Protection Agency. A copy of the most recent EPA Form 8700-12 should always be kept at the facility. You should submit your response to Diane Sharrow, United States Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, DE-9J, Chicago, Illinois 60604.

If you have any questions regarding this matter feel free to contact Diane Sharrow of my staff at (312) 886-6199.

Sincerely,

Lorna M. Jereza, P.E., Chief
Compliance Section 1
Enforcement and Compliance Assurance Branch

Waste, Pesticides and Toxics Division

Enclosure

cc: Cliff Gould, IEPA - Maywood
Todd Marvel, IEPA - Springfield

bcc: Diane Sharrow
Ivonne Vicente
Section File
Branch File

ENFORCEMENT AND COMPLIANCE ASSURANCE BRANCH

SECRETARY	SECRETARY	SECRETARY
AUTHOR/ TYPIST	COMPLIANCE SECTION 1 CHIEF	ECAB BRANCH CHIEF

DE-9J:DSHARROW:8/18/0

F:\USER\DSHARROW\MGRX2

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
	PART 722: STANDARDS APPLICABLE TO GENERATORS OF HAZARDOUS WASTE (>1000 KG/MO.) SUBPART A: GENERAL	
722.111	Section 722.111 Hazardous Waste Determination Has the generator correctly determined if the solid waste(s) it generates is a hazardous waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Have hazardous wastes been identified for purposes of compliance with Part 728? LDR Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	722.111
808.121(a)	Has the generator correctly determined if the solid waste(s) it generates is a special waste? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	808.121(a)
722.112(a)	Section 722.112 USEPA Identification Numbers Has the generator obtained a USEPA identification number? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.112(a)
722.112(c)	Has the generator offered its hazardous waste only to transporters or to treatment, storage or disposal facilities that have a USEPA identification number? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.112(c)
	SUBPART B: THE MANIFEST	
722.120(a)	Section 722.120 General Requirements Does the facility manifest its waste off-site? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.120(a)
722.120(b)	Does the manifest designate a facility permitted to handle the waste? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.120(b)
722.120(d)	Has the generator shipped any waste that could not be delivered to the designated facility? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	722.120(d)
	Section 722.121 Acquisition of Manifests Has the generator used:	
722.121(a)	- an Illinois manifest for wastes designated to a facility within Illinois? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	722.121(a)
722.121(b)	- a manifest from the State to which the manifest is designated? - an Illinois manifest if the State to which the waste is designated has no manifest of its own? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	722.121(b)
722.122	Section 722.122 Number of Copies Does the manifest consist of at least 6 copies? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	722.122
722.123(a)	Section 722.123 Use of the Manifest For each manifest reviewed, has the generator: <ul style="list-style-type: none"> - signed the certificate by hand? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - obtained the handwritten signature and the date of acceptance by the initial transporter? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - retained one copy as required by Section 722.140(a)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> - apparently sent a copy (part 5 for the Illinois manifest) to the Agency within 2 working days? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 	722.123(a)
722.123(b)	<ul style="list-style-type: none"> - has the generator apparently given the remaining copies to the transporter? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> 	722.123(b)

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
722.123(c)	<p>has the generator followed the procedures prescribed in Section 722.123 for manifesting bulk shipments of hazardous waste by rail or water?</p> <p>Yes _____ No _____ N/A <input checked="" type="checkbox"/></p>	722.123(c)
	<p>SUBPART C: PRE-TRANSPORT REQUIREMENTS</p> <p>Is there any hazardous waste ready for <u>transport</u> off-site? <i>not immediate</i></p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p> <p>If so, is the generator complying with the <u>pre-transport</u> requirements in Subpart C?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	
722.134(a)	<p>Section 722.134 Accumulation Time</p> <p>Has the generator complied with the following requirements:</p> <p>Yes _____ No _____ N/A _____</p>	722.134(a)
722.134(a)(1)	<p>A) For waste in containers, has the generator complied with the requirements of Part 725, Subpart I?</p> <p>Yes _____ No <input checked="" type="checkbox"/> N/A _____</p> <p>and/or</p> <p>B) For waste in tanks, has the generator complied with the requirements of Part 725, Subpart J (except Sections 725.297(c) and 725.300)?</p> <p>Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>and/or</p> <p>C) For waste on drip pads, has the generator complied with the requirements of Part 725, Subpart W and maintained the required records identified in this subsection?</p> <p>Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>and/or</p> <p>D) For waste in containment buildings, has the generator complied with Part 725, Subpart DD and maintained the required records identified in this subsection?</p> <p>Yes _____ No _____ N/A <input checked="" type="checkbox"/></p>	
722.134(a)(2)	<p>For waste in containers, has the generator marked and made visible for inspection on each container, the date upon which accumulation began?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	
722.134(a)(3)	<p>For waste in containers and tanks, has the generator marked or labeled each with the words "Hazardous Waste"?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	
722.134(a)(4)	<p>Has the generator complied with the requirements of Part 725, Subparts C and D, and Sections 725.116 and 728.107(a)(4)?</p> <p>Yes _____ No <input checked="" type="checkbox"/> N/A _____</p> <p>Specifically, the requirements of items 1 and/or 4 above (listed by regulation) which need to be complied with are as follows:</p> <p>Does the facility accumulate hazardous waste in containers? <input checked="" type="checkbox"/></p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p> <p>If "No", go to Subpart J.</p> <p>SUBPART I: USE AND MANAGEMENT OF CONTAINERS</p> <p>Has the generator closed an accumulation area?</p> <p>Yes _____ No <input checked="" type="checkbox"/> N/A _____</p> <p>If "Yes", was the accumulation area closed in accordance with Sections 725.211 and 725.214?</p> <p>Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>If the containers have leaked or are in poor condition, has the owner/operator transferred the hazardous waste to a suitable container?</p> <p>Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>Is the waste compatible with the container and/or liner?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p> <p>Are containers of hazardous waste always closed except to remove or add waste during accumulation?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.273b)	Are containers of hazardous waste being opened, handled, or stored in a manner which will prevent the rupture of the container or prevent it from leaking? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
(725.274)	Is the owner/operator inspecting the accumulation area(s) at least weekly, looking for leaks or deterioration? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Is the accumulation area free from any evidence of leaking or deteriorating containers? (See also Section 725.131) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	<i>2 areas - undane - solvent</i>
(725.276)	Are containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from the facility's property line? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Note: See Section 725.117(a) for additional requirements for ignitable, reactive or incompatible wastes.	
(725.277)	Is the owner/operator complying with the requirements concerning incompatible wastes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> COMMENTS:	
	Does the generator accumulate and/or treat hazardous waste in tanks? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Note: If "No", go to Subpart C.	
	SUBPART J: TANK SYSTEMS	
(725.211) (725.214)	Has the generator closed an accumulation area? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If "Yes", was the accumulation area closed in accordance with Sections 725.211 and 725.214? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
(725.290)	Does the facility accumulate or treat hazardous waste in tanks? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Note: A generator may treat hazardous waste in a tank for less than 90 days without a RCRA permit. If "No", skip Subpart J.	
	a) Tank systems that are used to accumulate or treat hazardous waste which contains no free liquids (using the Paint Filter Liquids Test) and that are situated inside a building with an impermeable floor are exempted from the requirements in Section 725.293. b) Tank systems, including sumps, that serve as part of a secondary containment system to collect or contain releases of hazardous wastes are exempted from the requirements in Section 725.293(a). c) Tanks, sumps and other collection devices used in conjunction with drip pads (as defined in Section 720.110) and regulated under Subpart W, must meet the requirements of this Subpart.	
(725.291a)	For tanks existing prior to July 14, 1986 (see definition of tank system under 720.110) and not protected by a secondary containment system, has a written assessment been reviewed and certified by an IRPE(*) in accordance with Section 702.126(d) by January 12, 1988 [except as provided in Section 725.291(c)]? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

no tanks

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.291b)	<p>Does this assessment consider at least the following:</p> <p>1) design standards for the tank and ancillary equipment? Yes _____ No _____ N/A _____</p> <p>2) hazardous characteristics of the wastes? Yes _____ No _____ N/A _____</p> <p>3) existing corrosion protection measures? Yes _____ No _____ N/A _____</p> <p>4) documented age of the tank system? Yes _____ No _____ N/A _____</p> <p>5) results of a leak test, internal inspection, or other tank integrity examination? Yes _____ No _____ N/A _____</p> <p>*IRPE = Independent Registered Professional Engineer</p>	
(725.291c)	<p>Has a tank system assessment been performed within 12 months after the materials in the tank become a hazardous waste? Yes _____ No _____ N/A _____</p> <p>Note: If an assessment indicates a tank system is leaking or unfit for use, the owner/operator must comply with the requirements of Section 725.291(b)(5).</p>	
(725.292a)	<p>For new tanks (see definition of new tanks under Section 720.110) whose installation commenced after 07/14/86, has a written assessment been reviewed and certified by an IRPE in accordance with Section 702.126(d) prior to operation of the tank system? Yes _____ No _____ N/A _____</p> <p>Does the assessment include, at a minimum, the following:</p> <p>1) design standards for tanks and ancillary equipment? Yes _____ No _____ N/A _____</p> <p>2) hazardous characteristics of the waste(s) to be handled? Yes _____ No _____ N/A _____</p> <p>3) evaluation of potential for corrosion and corrosion protection measures for tank systems with metal components in contact with soil or water? Yes _____ No _____ N/A _____</p> <p>4) design or operational measures that will protect underground tank systems from potential damage resulting from vehicular traffic? Yes _____ No _____ N/A _____</p> <p>5) designs to ensure adequate foundations, anchoring to prevent flotation or dislodgment and the ability to withstand the effects of frost heave? Yes _____ No _____ N/A _____</p>	
(725.292g)	<p>Has the owner/operator obtained and kept on file at the facility the written statements, including the certification statements [as required in Section 702.126(d)] of the design and installation requirements of Subsections (b) through (f)? Yes _____ No _____ N/A _____</p>	
(725.293a)	<p>Is secondary containment provided for any new tank system before being put into service? Yes _____ No _____ N/A _____</p> <p>Does an existing tank, used to accumulate F020, F021, F022, F023, F026 or F027 waste(s), have secondary containment by 1/12/89? Yes _____ No _____ N/A _____</p> <p>For an existing tank of documentable age, is secondary containment provided by 1/12/89 or when the tank is 15 years old, whichever is later? Yes _____ No _____ N/A _____</p> <p>For an existing tank of undocumentable age, has secondary containment been provided by 1/12/95? Yes _____ No _____ N/A _____</p> <p>or if the facility is older than 7 years, by the time the facility reaches 15 years of age or 1/12/89, whichever is later? Yes _____ No _____ N/A _____</p> <p>For tanks that accumulate wastes that become hazardous after 1/12/87, has secondary containment been provided within the time intervals required in Subsections (a)(1) through (a)(4) substituting the date that a material becomes a hazardous waste for 1/12/87? Yes _____ No _____ N/A _____</p>	

no tanks

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.293b)	<p>Is the secondary containment system designed, installed and operated to prevent migration of wastes or accumulated liquid out of the system at any time? Yes _____ No _____ N/A _____</p> <p>Is the secondary containment system capable of detecting and collecting releases and accumulated liquids until the collected material is removed? Yes _____ No _____ N/A _____</p>	
(725.293c)	<p>To meet the requirements of Subsection (b), is the secondary containment system:</p> <p>1) compatible with the waste(s) in the tank and of sufficient strength and thickness to prevent failure? Yes _____ No _____ N/A _____</p> <p>2) placed on a foundation or base capable of providing support, providing resistance to pressure gradients and preventing failure due to settlement, compression of uplift? Yes _____ No _____ N/A _____</p> <p>3) provided with a leak detection system designed and operated to detect any release or accumulated liquid within 24 hours? Yes _____ No _____ N/A _____</p> <p>4) sloped or otherwise designed or operated to drain and remove liquids resulting from leaks, spills or precipitation? Yes _____ No _____ N/A _____</p> <p>and is spilled or leaked waste and accumulated precipitation removed from the secondary containment within 24 hours? Yes _____ No _____ N/A _____</p> <p>Note: A RCRA permit may allow for removal of liquids less frequently than 24 hours after accumulation.</p>	
(725.293d)	<p>Does the secondary containment for tanks have one or more of the following:</p> <p>1) a liner (external to the tank); or 2) a vault; or 3) a double-walled tank; or 4) an equivalent device (approved by the Board)? Yes _____ No _____ N/A _____</p>	
(725.293e)	<p>Does the external liner system(s), vault system(s) and/or double-walled tank(s) meet the additional requirements identified in Section 725.293(e)? Yes _____ No _____ N/A _____</p>	
(725.293f)	<p>Is ancillary equipment protected by secondary containment that meets the requirement of Subsection (h) and (c)? Yes _____ No _____ N/A _____</p> <p>If "No":</p> <p>1) Is aboveground piping (exclusive of flanges, joints, valves and connections) inspected daily? Yes _____ No _____ N/A _____</p> <p>2) Are welded flanges, joints and connections inspected daily? Yes _____ No _____ N/A _____</p> <p>3) Are sealless or magnetic coupling pumps and sealless valves inspected daily? Yes _____ No _____ N/A _____</p> <p>4) Are pressurized aboveground piping systems with automatic shut-off devices inspected daily? Yes _____ No _____ N/A _____</p>	
(725.293i)	<p>Until such time as secondary containment is provided, are the following requirements being met for all tank systems:</p> <p>1) For non-enterable underground tanks, has an annual leak test that meets the requirements of 725.291(b)(5) been conducted? Yes _____ No _____ N/A _____</p> <p>2) For other than non-enterable underground tanks and ancillary equipment, has an annual leak test, internal inspection or other tank integrity examination by an IRPE been conducted? Yes _____ No _____ N/A _____</p> <p>3) Are written records maintained at the facility to document the assessments required under Subsections (i)(1) and (i)(2)? Yes _____ No _____ N/A _____</p> <p>Note: If a tank system is found to be leaking or unfit for use as a result of a leak test or assessment, the owner/operator must comply with Section 725.296.</p>	

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.294a)	Has the owner/operator placed hazardous wastes or treatment reagents in the tank system that could cause the system to rupture, leak, corrode or otherwise fail? Yes _____ No _____ N/A _____	
(725.294b)	Do tanks and secondary containment have appropriate controls and practices to prevent spills and overflows including: 1) spill prevention controls? Yes _____ No _____ N/A _____ 2) overfill prevention controls? Yes _____ No _____ N/A _____ 3) sufficient freeboard in uncovered tanks? Yes _____ No _____ N/A _____	
(725.294c)	Note: If a leak or spill has occurred in the tank system, the owner/operator shall comply with the requirements of Section 725.296.	
(725.295a)	Does the owner/operator inspect, if present, at least each operating day, the following: 1) overfill/spill control equipment? Yes _____ No _____ N/A _____ 2) the aboveground portion of the tank system for corrosion or releases? Yes _____ No _____ N/A _____ 3) data from monitoring equipment? Yes _____ No _____ N/A _____ 4) the construction materials and the area immediately surrounding the external portion of the system? Yes _____ No _____ N/A _____	
(725.295b)	If the tank system has cathodic protection, is the owner/operator complying with Section 725.295(b) to ensure that they are functioning properly? Yes _____ No _____ N/A _____	
(725.295c)	Does the owner/operator document in the operating record, the results of tank inspections as required in Section 725.295(a) and (b)? Yes _____ No _____ N/A _____	
(725.296)	If the tank system or secondary containment system has a leak or spill or is unfit for use, has the owner/operator: a) immediately ceased using; prevented flow or addition of waste and inspected the system to determine the cause of the release? Yes _____ No _____ N/A _____ b) removed applicable waste from the system within 24 hours of detection? Yes _____ No _____ N/A _____ c) immediately conducted a visual inspection of the release and taken actions to contain visible releases to the environment, prevented further migration to soils or surface water and removed and properly disposed of any contaminated soil or water? Yes _____ No _____ N/A _____	
(725.296d)	d) notified the Agency within 24 hours of detection of release? Yes _____ No _____ N/A _____ d)3) within 30 days of detection of release, submitted a report to the Agency that complies with the requirements of Section 725.296(d)(3)? Yes _____ No _____ N/A _____ Note: Notification and reports are not necessary if less than 1 pound of material is spilled and it was immediately contained and cleaned up.	

Noted

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.296e)	<p>e) repaired the tank system prior to returning the tank system to service in the event that a leak has occurred from the primary tank system into the secondary containment system? Yes _____ No _____ N/A _____</p> <p>e)4) provided secondary containment before returning a tank system to service in the event that the release was from a component of a tank system without secondary containment? Yes _____ No _____ N/A _____</p> <p>e)4) met the requirements for a new tank system in the event that a component is replaced during repair? Yes _____ No _____ N/A _____</p> <p>e)4) provided the entire component with secondary containment prior to being returned to use in the event that a leak has occurred in any portion of a component that is not readily accessible for visual inspection? Yes _____ No _____ N/A _____</p>	
(725.296f)	<p>f) In the event that an extensive repair has been conducted in accordance with subsection (e), submitted to the Agency within 7 days after returning the tank system to use, a certification by an IRPE stating that the repaired system is capable of handling hazardous wastes without release for the intended life of the system? Yes _____ No _____ N/A _____</p> <p>Note: If the owner/operator does not satisfy the requirements of subsections (e)(2) through (e)(4), the tank system must be closed in accordance with Section 725.297.</p>	
(725.297a)	<p>At the time of closure of a tank system, has the owner/operator removed or decontaminated all waste residues, contaminated components, contaminated soils and structures and equipment and managed them as hazardous waste [unless Section 721.103(d) applies]? Yes _____ No _____ N/A _____</p>	
(725.297a)	<p>Have the closure plan, closure activities, cost estimates for closure and financial responsibility for tank systems met all requirements specified in Subparts G and H? Yes _____ No _____ N/A _____</p>	
(725.297b)	<p>If the tank system cannot be "clean" closed, has the owner/operator closed the tank system and performed post-closure care in accordance with the closure and post-closure care requirements that apply to landfills (Section 725.410)? Yes _____ No _____ N/A _____</p> <p>Note: Such a tank system is considered a landfill and must meet all of the requirements of landfills specified in Subparts G and H.</p>	
(725.298a)	<p>Are ignitable or reactive wastes placed in a tank system? Yes _____ No _____ N/A _____</p> <p>If "No", skip to Section 725.299.</p> <p>Is the waste treated, rendered or mixed before or immediately after placement in the tank system so that:</p> <ul style="list-style-type: none"> - the resulting waste, mixture or dissolved material is no longer ignitable or reactive? Yes _____ No _____ N/A _____ - Section 725.117(b) is complied with? Yes _____ No _____ N/A _____ <p>or</p> <p>Is the waste accumulated or treated so that it is protected from any material or conditions which may lead to ignition or reaction? Yes _____ No _____ N/A _____</p> <p>or</p> <p>Is the tank used solely for emergencies? Yes _____ No _____ N/A _____</p>	
(725.298b)	<p>Is the facility complying with the requirements regarding maintenance of protective distances between the waste management area and any public ways, streets, alleys or any adjoining property line? Yes _____ No _____ N/A _____</p>	

No tanks

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.299)	<p>Are incompatible wastes/materials placed in the same tank? Yes _____ No _____ N/A _____</p> <p>If "No", skip to Section 725.300.</p> <p>Is Section 725.117(b) being complied with? Yes _____ No _____ N/A _____</p> <p>Has the tank system been properly decontaminated if it previously held an incompatible waste/material unless Section 725.117(b) is complied with? Yes _____ No _____ N/A _____</p> <p>COMMENTS:</p>	
(725.131)	<p>SUBPART C: PREPAREDNESS AND PREVENTION</p> <p>Is the facility being operated and maintained to minimize the possibility of a fire, explosion or any release of hazardous waste or hazardous waste constituents which could threaten human health or the environment? Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	
(725.132)	<p>Is the facility equipped with the following, if necessary:</p> <p>a) an internal communication or alarm system(s)? Yes <input checked="" type="checkbox"/> No _____ N/A _____</p> <p>b) a telephone or other device to summon emergency assistance from local authorities? Yes <input checked="" type="checkbox"/> No _____ N/A _____</p> <p>c) portable fire extinguishers, fire control equipment, spill control equipment and decontamination equipment? Yes <input checked="" type="checkbox"/> No _____ N/A _____</p> <p>d) water at adequate volume and pressure for fire control? Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	
(725.133)	<p>Is the facility testing and maintaining communication/alarm system(s), fire protection equipment, spill control equipment and decontamination equipment? Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	
(725.134)	<p>a) Where hazardous waste is being handled, do all employees have immediate access to an internal alarm or other emergency communication device? Yes <input checked="" type="checkbox"/> No _____ N/A _____</p> <p>b) If there is ever just one employee on the premises when the facility is operating, does he/she have immediate access to a device capable of summoning external emergency assistance? Yes _____ No _____ N/A <input checked="" type="checkbox"/></p>	
(725.135)	<p>Is the facility maintaining adequate aisle space? Yes _____ No <input checked="" type="checkbox"/> N/A _____</p>	
(725.137)	<p>Has the facility attempted to make the following arrangements, as appropriate, for the type of facility and waste:</p> <ul style="list-style-type: none"> arrangements with local emergency authorities (i.e. police and fire departments, other emergency response agencies) to familiarize them with the layout of the facility, properties of hazardous waste handled, places where facility personnel would be working, entrances to roads inside the facility and evacuation routes? Yes <input checked="" type="checkbox"/> No _____ N/A _____ agreements designating the primary authority where more than one police or fire department might respond? Yes _____ No _____ N/A <input checked="" type="checkbox"/> agreements with State emergency response teams, contractors and equipment suppliers? Yes <input checked="" type="checkbox"/> No _____ N/A _____ arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the type of injuries or illnesses which could result from fires, explosions or releases at the facility? Yes <input checked="" type="checkbox"/> No _____ N/A _____ 	

not tanks

Telephone building system

no record but verbal statement written statement in C.P.

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
	SUBPART D: CONTINGENCY PLAN AND EMERGENCY PROCEDURES	
(725.151a)	<p>Is the contingency plan available?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>If "No", skip to Section 725.155.</p> <p>Is the plan designed to protect human health and the environment from releases to the air, soil and water?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.151b)	<p>Has there been a fire, explosion or release of hazardous waste?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>If "Yes", has the contingency plan been carried out immediately?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>	
(725.152a)	<p>Does the plan describe the actions required for response to:</p> <p>- fires? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>- explosions? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>- releases? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.152c)	<p>Does the plan describe arrangements with:</p> <p>- police and fire departments? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>- hospitals? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>- contractors? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>- emergency response teams? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.152d)	<p>Does the plan contain the current emergency coordinator's name, phone (office and home) and address?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.152e)	<p>Does the plan identify all emergency equipment including:</p> <p>- description? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>- capability? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/></p> <p>- location? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Is the list of emergency equipment up-to-date?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	vague / covered in training
(725.152f)	<p>Does the plan include:</p> <p>- an evacuation plan? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>- an evacuation signal? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>- alternate evacuation routes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
(725.153)	<p>Has the contingency plan (including all revisions) been:</p> <p>a) maintained at the facility? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>b) submitted to:</p> <p>- police department? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>- fire department? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>- hospital? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>- emergency response teams? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	no physical proof of thought stated in CP.
(725.154)	<p>Has the contingency plan been reviewed and revised whenever:</p> <p>a) regulations are revised? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>b) the plan fails in an emergency? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p> <p>c) the facility changes in a way that modifies the emergency response necessary?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>d) information regarding emergency coordinators changes?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>e) information regarding equipment changes?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	→ being refused for const. to facility must send updates & change training & new employees next year
(725.155)	<p>Is the emergency coordinator on-site or on call at all times?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Is the emergency coordinator familiar with all facility activities, wastes, records, layout and contingency plan?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Does the emergency coordinator have the authority to commit the resources needed to carry out the actions specified in the contingency plan?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(725.156)	<p>If the facility has had a release, fire or explosion, have the procedures of this Section been followed regarding assessment, response and reporting?</p> <p>Yes _____ No _____ N/A <input checked="" type="checkbox"/></p> <p>Note: If the facility has had a release, explain in detail.</p>	
(725.116a)	<p>Section 725.116 Personnel Training</p> <p>Does the facility have a training program?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p> <p>Have facility personnel successfully completed a program of classroom or on-the-job training that teaches them to perform their duties in a way that ensures the facility's compliance with the requirements of Part 725?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p> <p>Is the program directed by a person trained in hazardous waste management procedures?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p> <p>Does the program teach facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p> <p>Does the program cover, at a minimum:</p> <ul style="list-style-type: none"> - procedures to familiarize facility personnel with emergency procedures, emergency equipment and emergency systems? - procedures for using, inspecting, repairing and replacing facility emergency and monitoring equipment? - key parameters for automatic waste feed cut-off systems? - communications or alarm systems? - response to fire or explosions? - response to groundwater contamination incidents? - shutdown of operations? <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	
(725.116b)	<p>Have new employees completed the program within 6 months of the date of employment or assignment to a position requiring them to manage hazardous waste?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	
(725.116c)	<p>Have facility personnel received an annual review of the initial training?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	
(725.116d)	<p>Are the following documents and records being maintained at the facility:</p> <ol style="list-style-type: none"> 1) the job title for each position related to hazardous waste management and the name(s) of the employee(s) filling each job? 2) a written job description for each position above, including the requisite skill, education or other qualifications and duties of personnel assigned to each position? 3) a written description of the type and amount of both initial and continuing training that will be given to each person filling a position dealing with hazardous waste management? 4) records documenting that the training or job experience has been given to and completed by facility personnel? <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	<p><i>Human Resources (place w/ training records)</i></p> <p><i>Annual (not specific)</i></p>
(725.116e)	<p>Is the facility maintaining training records until closure of the facility and those of former employees for at least 3 years from the last date of employment?</p> <p>Yes <input checked="" type="checkbox"/> No _____ N/A _____</p>	<p><i>Did not have time to pull for any examples</i></p>

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
(728.107a4)	Section 728.107 Waste Analysis and Recordkeeping Has the generator who treats a prohibited waste in tanks or containers in order to meet the treatment standards developed and followed a waste analysis plan? Yes _____ No _____ N/A _____ Is the plan on-site? Yes _____ No _____ N/A _____ Does the plan include a detailed physical and chemical analysis? Yes _____ No _____ N/A _____ Has the plan been filed with the Agency at least 30 days prior to commencement of treatment activity? Yes _____ No _____ N/A _____ Has the generator submitted the required notification and certification that the waste meets treatment standards when the waste is shipped off-site? Yes _____ No _____ N/A _____	
722.134(c)	Section 722.134 Satellite Accumulation Is the generator who accumulates hazardous waste at or near any point of generation where wastes initially accumulate and which is under the control of the operator of the process generating the waste 722.134(c) limiting such accumulation to 55 gallons of hazardous waste or 1 quart of acutely hazardous waste marking the containers with the words "Hazardous Waste" or other words identifying the contents? Yes _____ No _____ N/A _____ Has the generator who accumulates more than 55 gallons of hazardous waste or 1 quart of acutely hazardous waste complied with the requirements of Section 722.134(a) within 3 working days? Yes _____ No _____ N/A _____ If there are more than 55 gallons of hazardous waste or 1 quart of acutely hazardous waste in the satellite accumulation area, are the containers marked with the date accumulation began? Yes _____ No _____ N/A _____ During the 3 day period, is the generator continuing to comply with the requirements of Section 722.134(c)(1) with respect to the excess waste? Yes _____ No _____ N/A _____	722.134(c) <i>one container full & had on 1/9 acc. date</i> <i>91 lbs satellite accum. 5g - various drums going back to plant - 255g drums w/ no unit codes</i>
	SUBPART D: RECORDKEEPING AND REPORTING Section 722.140 Recordkeeping Has the generator retained for a period of 3 years: - a copy of each signed manifest? Yes <input checked="" type="checkbox"/> No _____ N/A _____	722.140(a) <i>1 box of signed manifests</i>
722.140(b)	Has the generator retained a copy of each Annual Report and Exception Report for a period of at least three years from the due date of the report (March 1)? Yes <input checked="" type="checkbox"/> No _____ N/A _____	722.140(b)
722.140(c)	Has the generator retained for a period of 3 years: - copies of test results, waste analyses or other determinations made in accordance with Section 722.111? Yes <input checked="" type="checkbox"/> No _____ N/A _____	722.140(c)
722.140(d)	Does a generator who is involved in any unresolved enforcement action or as requested by the Director continue to maintain the records required in subsections a) and c)? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	722.140(d)
722.141(a)	Section 722.141 Annual Reporting Has the generator who ships hazardous waste off-site for treatment, storage or disposal filed an annual report with the Agency by March 1 for the preceding calendar year? Yes <input checked="" type="checkbox"/> No _____ N/A _____ Note: If "No", or if deficiencies are noted with the annual report reviewed, contact the Planning and Reporting Section.	722.141(a)
722.141(b)	Has the generator who treats, stores or disposes of hazardous waste on-site, filed an annual report with the Agency by March 1 for the preceding calendar year? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	722.141(b)

Regulation	RCRA GENERATOR INSPECTION CHECKLIST (PART 722)	Violation
722.142(a)(1)	Section 722.142 Exception Reporting If the generator has not received a copy of the manifest from the TSD facility within 35 days of the date of delivery to the transporter, has the generator contacted the transporter or the TSD facility to determine the status of the hazardous waste? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	722.142(a)(1)
722.142(a)(2)	If the generator has not received a copy of the signed manifest within 45 days of the date of delivery to the transporter, has he filed an exception report with the Agency in accordance with the requirements of this Section? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	722.142(a)(2)
722.143	Section 722.143 Additional Reporting Has the generator furnished additional reports as required by the Director? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	722.143
	SUBPART E: EXPORTS OF HAZARDOUS WASTE Is the generator an exporter of hazardous waste? Yes _____ No <input checked="" type="checkbox"/> N/A _____ If "Yes", has the generator complied with the requirements of Subpart E? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	
	SUBPART F: IMPORTS OF HAZARDOUS WASTE Is the generator an importer of hazardous waste? Yes _____ No <input checked="" type="checkbox"/> N/A _____ If "Yes", has the generator complied with the requirements of Subpart F? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	
	SUBPART G: FARMERS Is the generator a farmer? Yes _____ No <input checked="" type="checkbox"/> N/A _____ If "Yes", has the generator complied with the requirements of Subpart G? Yes _____ No _____ N/A <input checked="" type="checkbox"/>	
	COMMENTS:	

TM:jab\722gen2.wpd

- Subpart CC (VOC concentration less than 500 ppm)
- Containers & tanks
- LDR exempt
- used oil
- universal/special wastes
- updated Notif. Form?

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Vimal Bahl, AEP, CHMM
 Supervisor for Health, Safety
 and Environmental Operations
 Morton Grove Pharmaceuticals, Incorporated
 6451 West Main Street
 Morton Grove, Illinois 60053

Re: Notice of Violation
 Compliance Evaluation Inspection
 EPA I.D. No.: ILD 984 774 877

Dear Ms. Bahl:

On July 21, 2000, a representative of the United States Environmental Protection Agency (U.S. EPA) inspected Morton Grove Pharmaceuticals, Incorporated (MGP) located in Morton Grove, Illinois. The purpose of the inspection was to evaluate MGP's compliance with the Standards Applicable to Generators of Hazardous Waste, the Interim Status Standards for Owners and Operators of Hazardous Waste Treatment, Storage and Disposal Facilities, and the Land Disposal Restrictions set forth at ~~35~~ Illinois Administrative Code (IAC), Title 35: Environmental Protection, Subtitle G: Waste Disposal, Chapter I: Pollution Control Board. Enclosed please find a copy of our inspection report.

Based on the July 21, 2000, inspection, we have determined that MGP is violating the following regulations.

~ IAC Part 722: Standards Applicable to Generators of Hazardous Waste:

Section ~~722.134(a)(1)~~ and 722.134(a)(4) - MGP does not have interim status or a permit. MGP failed to comply with the requirements of Part 725, Subpart 1, and ~~722.135~~

Section 722.134(c) - MGP failed to comply with the requirements for satellite accumulation.

requirements of
~~conditions stipulated~~
~~which conditions?~~
 specifically, IAC 722.134, 725.135, 152(e), 153, 274
 conditional exemption
 which would exempt MGP from the requirement to have a permit or interim status.

~ IAC Part 725: Interim Status Standards for Owners and Operators of Treatment, Storage and Disposal Facilities:

Section 725.134 - MGP failed to ensure that where hazardous waste was being handled, all employees must have immediate access to an internal alarm or other emergency communication device.

Section 725.135 - MGP failed to maintain adequate aisle space in the waste solvent storage area.

Section 725.152(e) - MGP failed identify the capability of all emergency equipment in the contingency plan.

Section 725.153 - MGP failed to submit the contingency plan to the local police and fire departments, the local hospital and local emergency response teams.

Section 725.274 - MGP failed to complete weekly inspection reports for a hazardous waste storage area that MGP considered satellite accumulation.

According to Section 3008(a) of the Resource Conservation and Recovery Act (RCRA), U.S. EPA may issue an order assessing a civil penalty for any past or current violation requiring compliance immediately or within a specified time period. Although this letter is not such an order, we request that you submit a written response to the violations cited above within 30 days of receipt of this letter. The response should document the actions, if any, which you have taken since the inspection to comply with the above requirements. The response should include a copy of any additional EPA form 8700-12 (Notification of Regulated Waste Activity) filed with the Illinois Environmental Protection Agency. A copy of the most recent EPA Form 8700-12 should always be kept at the facility. You should submit your response to Diane Sharrow, United States Environmental Protection Agency, Region 5, 77 West Jackson Boulevard, DE-9J, Chicago, Illinois 60604.

If you have any questions regarding this matter feel free to contact Diane Sharrow of my staff at (312) 886-6199.

Sincerely,

Lorna M. Jereza, P.E., Chief
Compliance Section 1
Enforcement and Compliance Assurance Branch

Waste, Pesticides and Toxics Division

Enclosure

cc: Cliff Gould, IEPA - Maywood
Todd Marvel, IEPA - Springfield

bcc: Diane Sharrow
Ivonne Vicente
Section File
Branch File

ENFORCEMENT AND COMPLIANCE ASSURANCE BRANCH

SECRETARY	SECRETARY	SECRETARY
AUTHOR/ TYPIST	COMPLIANCE SECTION 1 CHIEF	ECAB BRANCH CHIEF

TLW
8/21/00

DE-9J:DSHARROW:8/21/0 F:\USER\DSHARROW\MGRX2

Morton Grove Pharm.

Per the May 5, 2000 State/U.S. EPA Enforcement Action Communications Plan, I am sending this e-mail to you to inform you that on August 25, 2000, U.S. EPA is sending, by certified mail, notice of violations (NOV's) to the following facilities. The NOV's include allegations of RCRA violations detected during the U.S. EPA Compliance Evaluation Inspections (CEI's) of these facilities.

1. **Gatto Industrial Platers, Incorporated (ILD 984 832 311)**
CEI date: 7/17/00
2. **Precoat Metals (ILD 067 419 242)**
CEI date: 7/17/00
3. **Phillip H. Sheridan Reserve Center (ILR 000 035 501)**
CEI date: 7/19/00
4. **Stride Tool, Incorporated (ILD 083 076 018)**
CEI date: 7/21/00
5. **Morton Grove Pharmaceuticals, Incorporated (ILD 984 774 877)**
CEI date: 7/21/00
6. **Searle Research and Development (ILD 068 458 835)**
CEI date: 7/18/00
7. **Belmont Plating Works (ILD 005 114 665)**
CEI date: 4/13/00. This facility has been determined to be a Significant Non-complier.

Diane Sharrow is the U.S. EPA contact for the first six NOV's and she could be reached at (312)886-6199.

Ivonne Vicente is the U.S. EPA contact for the NOV for Belmont Plating Works and she could be reached at (312) 886-4449.

No press release is planned.

As you know, U.S. EPA, Region 5, and the States agree that communications on enforcement matters in advance of filing or settlement are confidential and, as such, are not to be shared with respondents/defendants or the public.



MORTON GROVE FIRE DEPARTMENT

6250 LINCOLN AVENUE MORTON GROVE, ILLINOIS 60053 847-470-5226 (BUS) 847-965-7711 (FAX)

September 14, 2000

Rec'd 9/18/00

Mr. Vimal Bahl
Morton Grove Pharmaceuticals, Inc.
6451 W. Main St.
Morton Grove, IL 60053

Dear Mr. Bahl,

Recently, I received your correspondence requesting written confirmation of our department's receipt of an Environmental Incident Control Plan/Contingency Plan that you indicated we received in June of 1997. This letter is to confirm that our department did receive a copy of your Emergency Incident Control Plan but not a copy of your Contingency Plan as a separate document. The Emergency Incident Control Plan is currently stored in the emergency information box, located on your building, on the east side next to the main door, south of your main entrance. Also contained in the emergency information box is a binder of material safety data sheets. Additionally, we have on file, Tier II reports from your facility and they are currently stored in our department's command vehicle to provide ready access in the event of an emergency incident.

Hopefully, this response is sufficient for your needs and if there is a separate Contingency Plan, please provide me with a copy so I can also place this information in your emergency information box.

Sincerely,

Ralph Czerwinski
Ralph Czerwinski
Fire Chief





Title: Hazardous Waste Storage and Disposition

1.0 PURPOSE

To establish a procedure for storing and disposing of hazardous waste materials.

2.0 SCOPE AND RESPONSIBILITY

Warehouse, Compounding, Packaging, Laboratory, Environmental

3.0 APPLICABLE DOCUMENTS

- 3.1 Hazardous Waste Storage Area – Weekly Inspection Log, Form 501 (attachment A)

4.0 PROCEDURE – MANUFACTURING, FILLING AND LABORATORY ARE RESPONSIBLE TO ENSURE THAT:

- 4.1 The container is in good condition (e.g. no apparent structural defects and severe rusting etc.) to accumulate Waste.
- 4.2 The waste being placed in the container is compatible with the container and the container contents.
- 4.3 Label and identify all containers with the following information:
- 4.3.1 Start Date
 - 4.3.2 Contents and internal waste handling code such as HC18, CW04 etc.
 - 4.3.3 Employee Initials

NOTE: At satellite accumulation point, i.e., Lindane Compounding & Filling Room and Laboratory, the Start Date is the date when the container is full. At the accumulation point, i.e., Lindane Hazardous Waste Drum Storage Area (Location: Warehouse) and Flammable Hazardous Waste Drum Storage Area (Location: North Flammable Storage Solvent Room), the Start Date is the date when the first drop of the waste is placed in the container.

- 4.4 Containers are kept closed at all times unless waste is added or removed from the container.

NOTE: A container is considered closed if it would not release its contents if “knocked over”.

- 4.5 The container is not completely filled.



Title: Hazardous Waste Storage and Disposition

NOTE: Always leave 3 to 4" headspace for the content expansion that can result from temperature changes.

- 4.6 Each satellite accumulation point does not contain more than 55 gallons of hazardous waste. If the 55-gallon limit is exceeded in a satellite accumulation point, the operator marks the date when the excess began accumulating.

NOTE: The excess waste must be moved within 3 days to the accumulation point.

- 4.7 Container is clean prior to moving from satellite area.
- 4.8 The ignitable hazardous waste is properly grounded to prevent a spark generated by static electricity from igniting flammable vapors that may be present.

5.0 PROCEDURE - MATERIAL HANDLER/DESIGNEE IS RESPONSIBLE TO ENSURE THAT:

- 5.1 The waste is moved from satellite accumulation point to accumulation points i.e., Hazardous Waste Storage Area or Solvent Hazardous Waste Storage Area.

6.0 PROCEDURE - WAREHOUSE MANAGEMENT/DESIGNEE IS RESPONSIBLE TO ENSURE THAT:

- 6.1 The maximum time limit (90 days) for the hazardous waste to be at accumulation point is closely monitored and followed.
- 6.2 Weekly inspection of the hazardous waste accumulation area is carried out. A sample copy of the Hazardous Waste Storage Area – Weekly Inspection Log (Form 501) is shown in Attachment A of this procedure.

NOTE: The inspection reports must be maintained on-site for at least three years from the date of the inspection.

- 6.3 The Waste container meets the UN performance oriented packaging standard for the contents it is used for.
- 6.4 The waste containers are properly marked and labeled per DOT and Hazardous Waste Regulations prior to shipping.
- 6.5 Applicable Manifest and Land Disposal Restrictions Form are completed accurately and signed.
- 6.6 All containers are properly secured on the vehicle.
- 6.7 The vehicle carrying our hazardous waste is properly placarded.
- 6.8 Copies of the manifest are mailed to the regulatory agencies when required.

COPY



Title: Hazardous Waste Storage and Disposition

- 6.9 Assure a signed copy of the manifest is received from the disposal facility within 35 days of the date the waste was accepted by the initial transporter. The signed copy of the manifest must be retained as a record for at least three years from the date the waste was accepted by the initial transporter.

NOTE: In the event when we do not receive the signed copy of manifest from the disposal facility within 35 days, the Environmental Manager/Designee shall be notified.

7.0 PROCEDURE - ENVIRONMENTAL MANAGER/DESIGNEE IS RESPONSIBLE FOR:

- 7.1 The completion of annual hazardous report and mailing it to the Illinois EPA by March 1st of every year.
- 7.2 Contact the transporter or the disposal facility to determine the status of hazardous waste when a signed manifest copy is not received within 35 days of the shipment. Submit an exception report to the Illinois EPA in the event when we do not receive the signed copy of the manifest within 45 days of the date the waste was accepted by the initial transporter.
- 7.3 Retain a copy of each Annual Report and Exception report for a period of at least three years from the due date of the report.
- 7.4 Conduct/coordinate initial and recurrent training for the employees responsible for hazardous waste management.

COPY

Originated By: Vinial Bahl

Date: 9/19/00

Department Head Approval: Boul Schwan

Date: 9/19/00

Verified By Document Control: Leiby Fry

Date: 9-19-00



Title: Hazardous Waste Storage and Disposition

ATTACHMENT A
(1 of 2)

MORTON GROVE PHARMACEUTICALS, INC.
MORTON GROVE, IL 60053

HAZARDOUS WASTE STORAGE AREA
WEEKLY INSPECTION LOG

Date _____ Time _____

LINDANE HAZARDOUS WASTE DRUM STORAGE AREA

1. Number of Hazardous Waste Containers _____
2. Earliest date on Hazardous Waste Containers _____
3. Are all containers properly labeled?
("Hazardous Waste", Date, Contents, &
old product labels removed or painted over) Yes ☐ No ☐
4. Are all containers properly closed? Yes ☐ No ☐
5. Any evidence of leaking containers?
 - a. Floor contamination Yes ☐ No ☐
 - b. Container in poor condition (Corroded or Bulging) Yes ☐ No ☐
6. Proper aisle space maintained? Yes ☐ No ☐
7. Any other containers on the premises?
(e.g. Non-hazardous Special Waste) Yes ☐ No ☐
8. Comments and Corrective Actions: _____

FLAMMABLE HAZARDOUS WASTE DRUM STORAGE AREA

1. Number of Hazardous Waste Containers _____
2. Earliest date on Hazardous Waste Containers _____
3. Are all containers properly labeled?
("Hazardous Waste", Date, Contents, &
old product labels removed or painted over) Yes ☐ No ☐
4. Are all containers properly closed? Yes ☐ No ☐
5. Any evidence of leaking containers?
 - a. Floor contamination Yes ☐ No ☐
 - b. Container in poor condition (Corroded or Bulging) Yes ☐ No ☐
6. Proper aisle space maintained? Yes ☐ No ☐
7. Any other containers on the premises?
(e.g. Non-hazardous Special Waste) Yes ☐ No ☐
8. Comments and Corrective Actions: _____

COPY

Morton Grove Pharmaceuticals, Inc.
Morton Grove, IL 60053



SOP Number/Revision: MM-502-265/Rev. 3
Department: Materials Management
Effective Date: 09-22-00
Supersedes: MM-502-265/Rev. 2
Page 5 of 5

Title: Hazardous Waste Storage and Disposition

**ATTACHMENT A
(2 of 2)**

MORTON GROVE PHARMACEUTICALS, INC.
MORTON GROVE, IL 60053

HAZARDOUS WASTE STORAGE AREA
WEEKLY INSPECTION LOG

LINDANE SATELLITE ACCUMULATION AREA

- | | | | |
|----|--|------------------------------|-----------------------------|
| 1. | Less than 55 gallons total? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Drums labeled with contents? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Drums maintained closed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Any full drums? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Comments and Corrective Actions: _____ | | |
| | _____ | | |
| | _____ | | |

LABORATORY SATELLITE ACCUMULATION AREA

- | | | | |
|----|--|------------------------------|-----------------------------|
| 1. | Less than 55 gallons total? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Drums labeled with contents? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Drums maintained closed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Any full drums? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Comments and Corrective Actions: _____ | | |
| | _____ | | |
| | _____ | | |

COPY

MEMORANDUM

To: B. Schnur
F. Keene
Q.C. Laboratory/ G. Sanvanson
L. Windecker

From: A. Arroyo *AA*

Date: 9-22-00

Re: HAZARDOUS WASTE

Attached is a copy of the weekly inspection of the Lindane accumulation area for the week of 9-18-00.

AA:rp

WEEKLY INSPECTION LOG

Date 9-22-00

Time _____

I. LINDANE HAZARDOUS WASTE DRUM STORAGE AREA

1. Number of Hazardous Waste Containers 76-55 gal. drums / 1-5 gal. Containers, 8, 5
2. Earliest date on Hazardous Waste Containers 7-6-00
3. Are all containers properly labeled?
("Hazardous Waste", Date, Contents, & old product labels removed or painted over) Yes ☒ No ☐
4. Are all containers properly closed? Yes ☒ No ☐
5. Any evidence of leaking containers?
 - a. Floor contamination Yes ☐ No ☒
 - b. Container in poor condition (Corroded or Bulging) Yes ☐ No ☒
6. Proper aisle space maintained? Yes ☒ No ☐
7. Any other containers on the premises?
(e.g. Non-hazardous Special Waste) Yes ☒ No ☐
Customer Service Supplies, Released Components
8. Comments and Corrective Actions: Remove released components

II. FLAMMABLE HAZARDOUS WASTE DRUM STORAGE AREA

1. Number of Hazardous Waste Containers 7-55 gal. drums
2. Earliest date on Hazardous Waste Containers 7-6-00
3. Are all containers properly labeled?
("Hazardous Waste", Date, Contents, & old product labels removed or painted over) Yes ☒ No ☐
4. Are all containers properly closed? Yes ☒ No ☐
5. Any evidence of leaking containers?
 - a. Floor contamination Yes ☐ No ☒
 - b. Container in poor condition (Corroded or Bulging) Yes ☐ No ☒
6. Proper aisle space maintained? Yes ☒ No ☐
7. Any other containers on the premises?
(e.g. Non-hazardous Special Waste) Yes ☒ No ☐
Lab Supplies
8. Comments and Corrective Actions: OK

MORTON GROVE PHARMACEUTICALS, INC.
WEEKLY INSPECTION LOG (Cont.)

III. LINDANE SATELLITE ACCUMULATION AREA

- | | | | | | |
|----|--|-----|-------------------------------------|----|-------------------------------------|
| 1. | Less than 55 gallons total? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 2. | Drums labeled with contents? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 3. | Drums maintained closed? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 4. | Any full drums? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 5. | Comments and Corrective Actions: <u>OK</u> | | | | |
-
-

IV. LABORATORY SATELLITE ACCUMULATION AREA

- | | | | | | |
|----|--|-----|-------------------------------------|----|-------------------------------------|
| 1. | Less than 55 gallons total? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 2. | Drums labeled with contents? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 3. | Drums maintained closed? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 4. | Any full drums? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 5. | Comments and Corrective Actions: <u>OK</u> | | | | |
-
-

Alic Amayo 9-22-00

MEMORANDUM

To: B. Schnur
F. Keene
Q.C. Laboratory/ G. Sanvanson
L. Windecker

From: A. Arroyo *AA*

Date: 9-15-00

Re: HAZARDOUS WASTE

Attached is a copy of the weekly inspection of the Lindane accumulation area for the week of 9-11-00.

AA:rp

WEEKLY INSPECTION LOG

Date

9/15/00

Time

LINDANE HAZARDOUS WASTE DRUM STORAGE AREA

1. Number of Hazardous Waste Containers 91-55 gal. drums / 9 boxes / 1-5 gal. Container
2. Earliest date on Hazardous Waste Containers 7/6/00
3. Are all containers properly labeled?
("Hazardous Waste", Date, Contents, &
old product labels removed or painted over) Yes ☒ No ☐
4. Are all containers properly closed? Yes ☒ No ☐
5. Any evidence of leaking containers?
a. Floor contamination Yes ☐ No ☒
b. Container in poor condition (Corroded or Bulging) Yes ☐ No ☒
6. Proper aisle space maintained? Yes ☒ No ☐
7. Any other containers on the premises?
(e.g. Non-hazardous Special Waste) Yes ☒ No ☐
Empty Skids, Customer Service Supplies, Released Components
8. Comments and Corrective Actions: _____

FLAMMABLE HAZARDOUS WASTE DRUM STORAGE AREA

1. Number of Hazardous Waste Containers 7-55 gal. drums
2. Earliest date on Hazardous Waste Containers 7/6/00
3. Are all containers properly labeled?
("Hazardous Waste", Date, Contents, &
old product labels removed or painted over) Yes ☒ No ☐
4. Are all containers properly closed? Yes ☒ No ☐
5. Any evidence of leaking containers?
a. Floor contamination Yes ☐ No ☒
b. Container in poor condition (Corroded or Bulging) Yes ☐ No ☒
6. Proper aisle space maintained? Yes ☒ No ☐
7. Any other containers on the premises?
(e.g. Non-hazardous Special Waste) Yes ☒ No ☐
Lab Supplies
8. Comments and Corrective Actions: OK

MORTON GROVE PHARMACEUTICALS, INC.
WEEKLY INSPECTION LOG (Cont.)

III. LINDANE SATELLITE ACCUMULATION AREA

- | | | | |
|----|--|---|--|
| 1. | Less than 55 gallons total? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. | Drums labeled with contents? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Drums maintained closed? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Any full drums? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 5. | Comments and Corrective Actions: <u>OK</u> | | |
-
-

IV. LABORATORY SATELLITE ACCUMULATION AREA

- | | | | |
|----|--|---|--|
| 1. | Less than 55 gallons total? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Drums labeled with contents? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Drums maintained closed? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Any full drums? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 5. | Comments and Corrective Actions: <u>OK</u> | | |
-
-

Aly. Ameyo
9/15/00

MEMORANDUM

To: B. Schnur
F. Keene
Q.C. Laboratory/ G. Sanvanson
L. Windecker

From: A. Arroyo

Date: 9-8-00 AA

Re: HAZARDOUS WASTE

Attached is a copy of the weekly inspection of the Lindane accumulation area for the week of 9-4-00.

AA:rp

WEEKLY INSPECTION LOG

Date

9/8/00

Time

I. LINDANE HAZARDOUS WASTE DRUM STORAGE AREA

1. Number of Hazardous Waste Containers 84-55 gal drums / 9 boxes / 1-5 gal Contain.
2. Earliest date on Hazardous Waste Containers 7/6/00
3. Are all containers properly labeled?
("Hazardous Waste", Date, Contents, & old product labels removed or painted over) Yes ☒ No ☐
4. Are all containers properly closed? Yes ☒ No ☐
5. Any evidence of leaking containers?
- a. Floor contamination Yes ☐ No ☒
- b. Container in poor condition (Corroded or Bulging) Yes ☐ No ☒
6. Proper aisle space maintained? Yes ☒ No ☐
7. Any other containers on the premises?
(e.g. Non-hazardous Special Waste) Yes ☒ No ☐
Customer Service Supplies, Empty Drums, Released Components
8. Comments and Corrective Actions: OK

II. FLAMMABLE HAZARDOUS WASTE DRUM STORAGE AREA

1. Number of Hazardous Waste Containers 7-55 gal drums
2. Earliest date on Hazardous Waste Containers 7/6/00
3. Are all containers properly labeled?
("Hazardous Waste", Date, Contents, & old product labels removed or painted over) Yes ☒ No ☐
4. Are all containers properly closed? Yes ☒ No ☐
5. Any evidence of leaking containers?
- a. Floor contamination Yes ☐ No ☒
- b. Container in poor condition (Corroded or Bulging) Yes ☐ No ☒
6. Proper aisle space maintained? Yes ☒ No ☐
7. Any other containers on the premises?
(e.g. Non-hazardous Special Waste) Yes ☒ No ☐
Lab Supplies
8. Comments and Corrective Actions: OK

MORTON GROVE PHARMACEUTICALS, INC.
WEEKLY INSPECTION LOG (Cont.)

III. LINDANE SATELLITE ACCUMULATION AREA

- | | | | | | |
|----|--|-----|-------------------------------------|----|-------------------------------------|
| 1. | Less than 55 gallons total? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 2. | Drums labeled with contents? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 3. | Drums maintained closed? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 4. | Any full drums? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 5. | Comments and Corrective Actions: <u>OK</u> | | | | |
-
-

IV. LABORATORY SATELLITE ACCUMULATION AREA

- | | | | | | |
|----|--|-----|-------------------------------------|----|-------------------------------------|
| 1. | Less than 55 gallons total? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 2. | Drums labeled with contents? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 3. | Drums maintained closed? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 4. | Any full drums? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 5. | Comments and Corrective Actions: <u>OK</u> | | | | |
-
-

AA-001.DOC

Ally Amoy
9/8/00

U.S. EPA - Region 5
Waste, Pesticides and Toxics Division
Enforcement and Compliance Assurance Branch

AUG 25 1998

COMPLIANCE EVALUATION INSPECTION REPORT

FACILITY NAME: Morton Grove Pharmaceuticals, Inc.
USEPA ID NO: ILD 984 774 877
FACILITY ADDRESS: 6451 West Main Street
Morton Grove, Illinois 60053
FACILITY TYPE: Large Quantity Generator
FACILITY REPRESENTATIVE: Dushyant Chipalkatty, Vice-President
of Operations
Vimal Bahl, Supervisor of Health,
Safety and Environmental Operations
USEPA INSPECTOR: Diane Sharrow
STATE INSPECTOR: None
DATE OF INSPECTION: July 21, 2000
NAIC CODE:
INSPECTION PRIORITY,
SECTOR AND/OR PROCESS: Pharmaceutical
PBTs:

INTRODUCTION:

Prior to the completion of a Compliance Evaluation Inspection (CEI) at this Facility, all files in the RCRA File Room were reviewed. From review of the files and the RCRIS database it was determined that Morton Grove Pharmaceuticals, Incorporated (MGP), had notified the U.S. EPA of its hazardous waste activities on or about May 16, 1989 and June 29, 1993. The initial notification identifies U129 and U205 as the hazardous waste generated at the facility. The supplemental notification identifies a change in owner, a name change and adds F003 hazardous waste as being generated at the facility. Additional correspondence in the file, indicates another name on November 28, 1994. No process or sector manuals were reviewed prior to the CEI. There are no known hazardous waste permits or orders in existence for this facility.

FACILITY BACKGROUND:

MGP manufactures generic pharmaceutical products, and health and beauty aids. The facility appears to have been sold in 1996, but the most recent notification form (EPA Form 8700-12) in the database appears to be from 1993.

COMPLIANCE EVALUATION INSPECTION:

I arrived at the Facility at approximately 10:30 am CST. I introduced myself to the Receptionist and presented my Enforcement/Inspection credentials. I was then referred to Vimal Bahl, Supervisor for Health, Safety and Environmental Operations. I explained the purpose of my inspection to Ms. Bahl. Ms. Bahl then introduced me to Dushyant Chipalkatty, the Vice President of Operations. We convened in a conference room. During this meeting I once again presented my credentials and gave a brief introduction as to the purpose of the inspection, and in compliance with the *Small Business and Regulatory Fairness Act, (SBREFA)*, provided Mr. Chipalkatty and Ms. Vimal with a copy of the U.S. EPA Information Sheet entitled, *Information for Small Businesses*. Mr. Chipalkatty then left and Ms. Bahl provided me with the records I needed to review and gave me a tour of the facility.

I started the inspection with a review of manifests, waste analysis and annual reports. The manifest review indicated that the facility also generated hazardous wastes D001, D002, D003, D010, D013. Ms. Vimal thought these were one time wastes. I informed Ms. Vimal that the facility should contact the Illinois Environmental Protection Agency (IEPA), and ensure that the last change of ownership in 1996 and any additional waste codes were reported on a Notification of Hazardous Waste Activity (EPA Form 8700-12). I then toured two of the facility's hazardous waste storage areas; the waste lindane storage area and the waste solvent storage area. The waste solvent area contained three 55 gallon containers stored under a shelf, that was blocked by a number of boxes and containers of supplies. I told Ms. Bahl that there was inadequate aisle space as is required by Illinois Administrative Code (IAC) Section 725.135, and that staff would be hindered in their ability to inspect the containers. Ms. Bahl explained that the facility is experiencing a shortage of storage space for supplies and is currently looking to expand or to lease or purchase additional space. I informed Ms. Bahl that adequate aisle space must be provided at all times. We then returned to the conference room where I completed my record review.

During the review of the facility contingency plan, I noted that the facility did not have proof that the contingency plan had been submitted to the local emergency authorities, including the local fire and police departments, the local hospital and emergency response teams as required by IAC Section 725.153. Ms. Vimal informed me that the contingency plan was being updated to incorporate additions and changes to the facility. I told her

that these revisions were appropriate under IAC Section 725.154, and that these revisions must be included in the annual personnel training and training for new employees that is required under IAC 725.116. I also found that description of the capability of the emergency equipment in the facility contingency plan was not specific as required by IAC 725.152(e).

Upon completion of the record review, Ms. Vimal and I then went to inspect two satellite accumulation areas. The Quality Control Laboratory had one satellite accumulation container. The other satellite accumulation area was a locked room that held 14 containers. One container was full and had a November 1999 accumulation start date. There were nine containers (approximately 5 gallons each) that had various accumulation start dates going back to June of 2000. There were two 55 gallon drums with no waste codes. There was one box with an accumulation start date of April 4, 2000.

I told Ms. Vimal that satellite accumulation must occur at or near the point of the generation where wastes initially accumulate and which is under the control of the operator of the process generating the waste. I also told Ms. Vimal that such accumulation is to be limited to 55 gallons. If the 55 gallons is exceeded, then the container must be marked with an accumulation date and within three days be moved to a hazardous waste storage area. (IAC Section 722.134). I then told Ms. Vimal that the locked area appeared to actually be another hazardous waste storage area and that the facility should be complying with IAC Sections 725.274 regarding weekly inspection reports, and that IAC 725.134 required employees handling such waste to have immediate access to an internal alarm or other emergency communication device. Ms. Vimal stated that the facility used the "buddy system" when handling hazardous waste in this area.

Prior to departing the facility, Ms. Bahl and I held a brief exit interview in the conference room. I informed Ms. Bahl that I would be sending a Notice of Violation Letter that included the completed inspection checklist and an inspection report.

FINDINGS:

Pursuant to Section 3006 of RCRA, 42 U.S.C. § 6926, the Administrator of U.S. EPA may authorize a state to administer the RCRA hazardous waste program in lieu of the federal program when the Administrator finds that the state program meets certain conditions. Any violation of regulations promulgated pursuant to Subtitle C (Sections 3001-3023 of RCRA, 42 U.S.C. §§ 6921-6939e) or of any state provision authorized pursuant to Section 3006 of

RCRA, constitutes a violation of RCRA, subject to the assessment of civil penalties and issuance of compliance orders as provided in Section 3008 of RCRA, 42 U.S.C. § 6928.

Pursuant to Section 3006(b) of RCRA, 42 U.S.C. § 6926(b), the Administrator of U.S. EPA granted the State of Illinois final authorization to administer a state hazardous waste program in lieu of the federal government's base RCRA program effective January 31, 1986. 51 Fed. Reg. 3778 (January 31, 1986). The Administrator of U.S. EPA granted Illinois final authorization to administer certain HSWA and additional RCRA requirements effective March 5, 1988, 53 Fed. Reg. 126 (January 5, 1988); April 30, 1990, 55 Fed. Reg. 7320 (March 1, 1990); June 3, 1991, 56 Fed. Reg. 13595 (April 3, 1991); August 15, 1994, 59 Fed. Reg. 30525 (June 14, 1994); May 14, 1996, 61 Fed. Reg. 10684 (March 15, 1996); and October 4, 1996, 61 Fed. Reg. 40520 (August 5, 1996). The U.S. EPA-authorized Illinois regulations are codified at 35 Illinois Administrative Code (IAC) Part 703 et seq. See also 40 C.F.R. § 272.700 et seq..

MGP has violated the following regulations:

Part 722: Standards Applicable to Generators of Hazardous Waste:

Sections 722.134(a)(1), (a)(4) and (a)(c)

Part 725: Interim Status Standards for Owners and Operators of Treatment, Storage and Disposal Facilities:

Sections 725.134, 725.135, 725.152(e), 725.153 and Section 725.274

FOLLOW-UP:

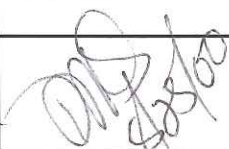
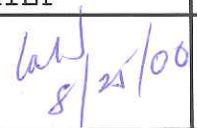
A Notice of Violation will be issued to Morton Grove Pharmaceuticals, Incorporated.

Attachments:

Inspection Checklist

bcc: Diane Sharrow
Ivonne Vicente
Branch File
Section File

ENFORCEMENT AND COMPLIANCE ASSURANCE BRANCH

SECRETARY	SECRETARY	SECRETARY
AUTHOR/ TYPIST	COMPLIANCE SECTION 1 CHIEF	ECAB BRANCH CHIEF
		

DE-9J:DSHARROW:8/25/0

F:\USER\DSHARROW\MGRX2

ENVIRONMENTAL INCIDENT CONTROL PLAN

FOR

**MORTON GROVE PHARMACEUTICALS, INC.
6451 WEST MAIN STREET
MORTON GROVE, IL 60053**

Emergency Coordinator:

Jim Akstulewicz

Original Document: July 31, 1989

Revised

June 30, 1994

May 19, 1995

May 30, 1997

and December 7, 2000

EMERGENCY PHONE NUMBERS

Morton Grove Pharmaceuticals, Inc.

General Telephone: 847/967-5600
Public Address Dial 5076

Village of Morton Grove

Fire Department: 847/965-2121
Emergency: 911

Primary Emergency Coordinator

Jim Akstulewicz
Office: 847/583-5020
Home: 630/527-9260

Morton Grove Police Department

General Number: 847/965-2131
Emergency: 911

Secondary Emergency Coordinator

Vimal Bahl
Office: 847/583-7876
Home: 847/548-3944

State Fire Marshall 312/813-2693

Other Medical Centers in the event of minor injuries

Concentra Medical Center 847/470-1720
Rush North Shore Medical Center 847/470-1720
(Concentra after hours protocol)

Tertiary Emergency Coordinator

Dushyant Chipalkatty
Office: 847/583-5029
Home: 847/808-1232

Ambulance

Morton Grove Paramedics 847/965-2121
Emergency: 911

Alternate (first)

Robert Kowalski
Office: 847/583-5020
Home: 847/670-8817

National Response Center

Toll-free number: 800/424-8802

Illinois Emergency Management Agency

Toll-free number 800/782-7860

Local Emergency Planning Committee

Day: 708/865-4766
After hours: 708/865-4755

US EPA Region V 312/353-2318

Illinois Environmental Protection Agency

24-Hour Number 217/782-3637

Metropolitan Water Reclamation District of Greater Chicago

General Number: 312/751-5600
Dispatcher (after hours) 312/751-5133

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Exhibit 2:	Plant Layout (includes the Location of Fire Extinguishers, Alarms, First Aid, Safety Shower, & Eye Wash Stations, Exits and Fire Evacuation Routes	Page 4

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1. INTRODUCTION

This Environmental Incident Control Plan (EICP) has been prepared in accordance with the following regulations and laws:

- 40 CFR 265.50-.56, Subpart D
- Illinois Chemical Safety Act
- 40 CFR 355 Community Right-to-Know Regulations
- 40 CFR 302 Reporting Obligations under the Federal Hazardous Substances Regulations
- 29 CFR 1910
- Occupational Safety Health Administration Requirements (OSHA)

The purpose of this plan is threefold:

1. To act as a guide during actual emergency situations.
2. To minimize hazard to human health and the environment from fires, explosions or any unplanned sudden or non-sudden release of hazardous materials, including hazardous wastes stored on-site, to the air, soil or water.
3. To familiarize local emergency response personnel (i.e., police, fire and rescue departments, hospital and government personnel) with the types of material handled and internal emergency response procedures.

The provisions of this plan will be carried out immediately whenever there is a fire, explosion or release of a hazardous material, which could threaten human health or the environment. Several copies of this plan are maintained at the facility at all times for use during an emergency. In addition, a copy has been submitted to the following:

- Morton Grove Fire Department
- Morton Grove Police Department
- Local Emergency Planning Committee (Cook County Office)
- Lutheran General Hospital

State and federal regulations require the Emergency Response Plan be updated whenever there is a significant change, the plan fails or regulations change. The Evacuation procedure of this plan is rehearsed on an annual basis as part of the overall training program as required by OSHA. This plan originally was prepared in July 1989 and was most recently updated in December 2000.

2. SPILL HISTORY

No spills of significance have occurred at this facility over the life of Morton Grove Pharmaceuticals, Inc.'s (MGP's) operation.

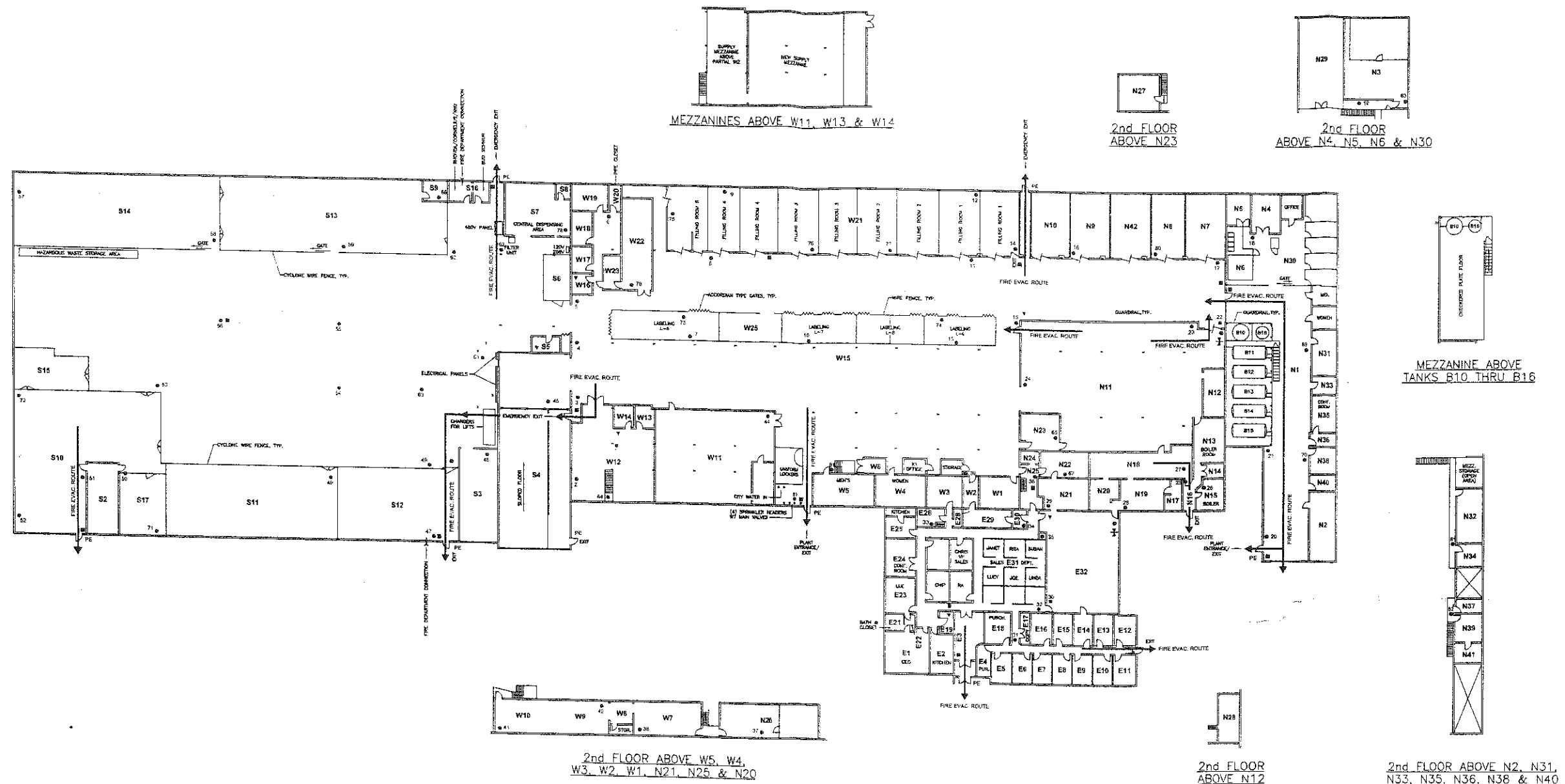
3. SITE DESCRIPTION

Morton Grove Pharmaceuticals is a manufacturer of primarily liquid pharmaceuticals and operates one plant, which is located at 6451 West Main Street, Morton Grove, IL. The Standard industrial code for MGP is 2834. The plant includes a laboratory, manufacturing area, a filling and labeling room, and other various storage and quarantined areas. A specific room is designated for any activities dealing with Lindane. There are no drains located in this room. Domestic waste, non-cooling waters and process wastewater are discharged to the sanitary sewer via a lift station and force main. A copy of the U.S.G.S. topographic map identifying the location of the facility is presented in Exhibit 1. A general layout of MGP is presented in Exhibit 2.

4. DESCRIPTION OF CHEMICAL STORAGE FACILITIES

Morton Grove Pharmaceuticals has various areas dedicated to specific chemicals, listed below:

- a. Lindane manufacturing and filling room
- b. Bulk storage tanks
- c. Flammable storage rooms
- d. Laboratories
- e. Approved raw materials storage areas
- f. Various quarantine areas



- | | | | | | |
|---------|----------------------------------|---------|------------------------------------|---------|---------------------------------|
| N1 | BULK STORAGE | S1 | WAREHOUSE #2 | W1 | MATERIAL MANAGEMENT |
| N2 | SOLVENT STORAGE | S2 | SOLVENT STORAGE | W2 | COMPUTER NETWORK |
| N3 | RETENTION STABILITY | S3 | TRASH COMPACTOR | W3 | WOMENS LABORATORY (OFFICE) |
| N4 | COMPRESSOR | S4 | SHIPPING & PALLET STORAGE | W4 | WOMENS LOCKER ROOM |
| N5 | COMPRESSOR | S5 | WAREHOUSE OFFICE | W5 | MENS LOCKER ROOM |
| N6 | COLD RAW MATERIAL | S6 | COLD RAW MATERIAL | W6 | SANITARY LIFT STATION |
| N7 | LINDANE MANUFACTURING | S7 | WEIGH ROOM & FILLING LINE #10 | W7 | LUNCH AREA (NORTH) |
| N8 | LINDANE FILLING | S8 | LIFT STATION | W8 | KITCHEN/VENDING MACHINE/STORAGE |
| N9 | FILLING LINE #11 | S9 | CONTROLLED RAW MATERIAL VAULT | W9-W10 | LUNCH ROOM (SOUTH) |
| N10 | VALIDATION DEPARTMENT | S10 | QUARANTINE RECEIVING AREA | W11 | LABEL ROOM |
| N11 | COMPOUNDING (MANUFACTURING ROOM) | S11 | CARTON & DROPPER STORAGE | W12-W14 | MAINTENANCE & ENGINEERING |
| N12 | FORMULATION OFFICE | S12 | R & D STORAGE | W15 | NORTH WAREHOUSE |
| N13 | PROCESS BOILER | S13 | CONTROLLED PRODUCT STORAGE | W16-W19 | OFFICES |
| N14 | MAIN ELECTRICAL CONNECT | S14 | RELEASED RAW MATERIAL STORAGE | W20 | PIPE CLOSET |
| N15 | BOILER | S15 | RETURN/REJECT STORAGE | W21 | FILLING LINES #1 THRU #5 |
| N16 | OFFICE | S16 | TWO OFFICES | W22 | CLEAN ROOM |
| N17 | R & D LABORATORY | S17 | QUARANTINE LABEL STORAGE | W23 | GOWNUP ROOM |
| N18-20 | QC LABORATORY | | | W24 | OFFICE |
| N21-N22 | MICROBIOLOGY | | | W25 | FILLING LINE OFFICE |
| N23 | GAS CYLINDERS | E1 | OFFICE | B10 | |
| N24 | HALLWAY/STAIRS/COAT RACK | E2 | KITCHEN | B11 | |
| N25 | NORTH STABILITY | E3 | LOBBY | B12 | |
| N26 | ACCELERATED STABILITY | E4-E16 | OFFICES | B13 | |
| N27 | STORAGE | E17 | COPY ROOM | B14 | |
| N28 | DOCUMENT ARCHIVE | E18 | OFFICE | B15 | |
| N29 | RELEASED RAW MATERIAL | E19 | RECEPTION | B16 | |
| N30 | | E21-E22 | BATHROOM & CLOSET | | |
| N31 | | E23 | OFFICE | | |
| N32 | | E24 | CONFERENCE ROOM W/KITCHEN | | |
| N33 | | E25 | OFFICE | | |
| N34 | | E26 | MENS LABORATORY (OFFICE) | | |
| N35 | | E27 | (4) GENERAL OFFICES | | |
| N36 | | E28 | MAIL ROOM | | |
| N37 | | E29-E30 | INFORMATION SERVICES | | |
| N38 | | E31 | (9) SALES/CUSTOMER SERVICE OFFICES | | |
| N39 | | E32 | QC LABORATORY | | |
| N40 | | | | | |
| N41 | | | | | |
| N42 | | | | | |

LEGEND

- FIRE EXTINGUISHERS
- ▲ ALARM
- ▲ FIRST AID STATION
- EYEWASH STATION
- ▲ SAFETY SHOWER
- ▲ PRIMARY EXIT

DRAFT

MORTON GROVE PHARMACEUTICALS, INC. 6451 West Main Street Morton Grove, Illinois 60053			
BUILDING FLOOR PLAN LOCATION OF FIRE EXTINGUISHERS, ALARMS, FIRST AID, EYEWASH STATIONS, EXITS & EVACUATION ROUTES			
DRN. BY KBR	DATE 1/2/01	DWG. NO. E-400D002	REV.
CHK. BY	DATE	SCALE 1"=30'-0"	SHEET 1 OF 1
APP. BY	DATE	DESCRIPTION OF REVISION	REV.

Table 1 represents the aboveground tanks used at MGP. There are no underground tanks at this facility.¹ Table 2 is a complete list of raw materials used by MGP. Material Safety Data Sheets (MSDS's) are found in the laboratory, receiving, compounding and human resource areas.

5. DESCRIPTION OF WASTE STORAGE FACILITIES

All lindane waste is drummed and shipped off site as a hazardous waste. The liquid waste is stored in 55-gallon steel drums or in original product containers. Used towels, glass and paper waste is stored in fiberboard containers. All waste containers are identified as such and held in warehouse until shipped off site.

The laboratory hazardous waste is stored in North Flammable Solvent Storage Room until shipped off site.

6. IMPLEMENTATION OF THE ENVIRONMENTAL INCIDENT CONTROL PLAN

If an emergency situation develops at the facility, the person discovering the situation should activate the firm alarm (if appropriate), and contact the Area Supervisor/Shift Supervisor, Emergency Coordinator and the receptionist. The receptionist shall place a call to the fire department. On 2nd shift and/or weekend, the shift supervisor/area supervisor shall contact the fire department. If the Emergency Coordinator is not available, the backup coordinators should be called until someone is reached. The Emergency Coordinator and alternates have complete authority to commit all necessary resources of the company in the event of an emergency.

The decision to implement the environmental incident control plan depends upon whether or not an imminent or actual incident could threaten human health or the environment, and/or whether a reportable release has occurred. The purpose of this section is to provide guidance to the Emergency Coordinator in making this decision relative to the threat to human health and the environment.

¹ There is abandoned heating oil UST beneath the compounding room. The fuel oil was removed and the UST cleaned in 1993.

TABLE 1

**ABOVE GROUND TANKS USED AT
MORTON GROVE PHARMACEUTICALS, INC.**

SUBSTANCE	NO. OF TANKS¹	SIZE OF TANKS
1. Liquid Sugar	3	4,000 gallons each
2. Liquid Sorbitol	1	4,000 gallons
3. Propylene Glycol	1	4,000 gallons
4. Glycerin	1	4,000 gallons

TABLE 2
LIST OF RAW MATERIALS

1% Hydrochloric Acid Solution	Clobetasol Propionate USP
1% Sodium Hydroxide Solution	Cocoa Butter Type 520 A
10% Monobasic Potassium Phosphate Solution	Codeine Phosphate USP Powder
10% Sodium Phosphate Dibasic Solution	Colloidal Silicon Dioxide NF
10% Sodium Phosphate Monobasic Solution	Corn Syrup Solids
40% Sodium Citrate Solution	Cromolyn Sodium
Acetaminophen USP Powder	Cyclosporine USP
Acetone NF	Dexamethasone USP Micronized
Acyclovir USP	Dexchlorpheniramine Maleate
Albuterol Sulfate USP	Dextromethorphan Hydrobromide
Amantadine Hydrochloride USP	Digoxin USP
Ammonium Chloride USP Granular	Dimethicone NF
Ammonium Nonoxynol-4 Sulfate	Dipentene
AMP 95% Amino Methyl Propanol	Diphenhydramine HCl
Amphoteric 2	Di-Potassium Phosphate USP
Atropine Sulfate USP	Docusate Sodium USP
Bentonite	Doxepin HCl USP
Benzalkonium Chloride Solution NF 50%	Doxylamine Succinate USP
Benzethonium Chloride USP	d-Pantothenyl Alcohol
Benzoic Acid USP	Dye Blue #1 FD&C
Bromodiphenhydramine HCl USP	Dye Caramel Coloring #100 NF
Brompheniramine Maleate USP	Dye Green No. 5 D&C
Butylated Hydroxyanisole NF	Dye Red #3 FD&C
Butylated Hydroxytoluene	Dye Red #33 D&C
Butylparaben NF	Dye Red #40 FD&C
Camphor USP	Dye Yellow #10 D&C
Captan (Vancide #89RE)	Dye Yellow #5 FD&C
Carbamazepine USP Micronized	Dye Yellow #6 FD&C
Carbetapentane Tannate	Edetate Disodium USP
Carbinoxamine Maleate USP	Ephedrine Tannate
Carbomer 934P NF	Erythromycin Ethylsuccinate
Carrageenan NF (Irish Moss)	Erythromycin USP
Cascara Sagrada Aromatic USP	Ethyl Alcohol Dehydrate USP
Cetyl Alcohol NF	Ethyl Maltol FCC
Chloral Hydrate USP	Ethylene Glycol Monostearate
Chlorhexidine Gluconate Solution 20%	Ferrous Gluconate
Chlorpheniramine Maleate USP	Ferrous Sulfate USP
Chlorpheniramine Tannate	Flavor Apple #26552
Cimetidine HCl	Flavor Apricot Peach PFC 8500
Citric Acid 10% Solution	Flavor Art Concord Grape WL-28578
Citric Acid USP	Flavor Artificial Cherry #22872
Clemastine Fumarate	Flavor Artificial Coconut PFC 9942
Clindamycin Phosphate USP	Flavor Banana #22872

TABLE 2
LIST OF RAW MATERIALS

Flavor Artificial Coconut PFC 9942	Glycerin USP
Flavor Banana #23406	Glyceryl Monoricinoleate
Flavor Butterscotch #F-1785	Glyceryl Monostearate NF
Flavor Cherry #8513	Glycine USP
Flavor Cherry Anise #F2822	Guaifenesin USP
Flavor Clover Honey #13320	Homatropine Methylbromide USP
Flavor Fruit #13569186	Hydrochloric Acid 10% Solution
Flavor Fruit Punch #11530	Hydrochloric Acid NF
Flavor Grape #11540	Hydrocodone Bitartrate USP
Flavor Grape #20147	Hydrocortisone USP
Flavor Guarana #51.880A	Hydroxypropyl Beta Cyclodextrin
Flavor Lemon #10471	Hydroxypropyl Methyl Cellulose
Flavor Lemon Lime No Alcohol, #F9914	Hydroxyzine HCl USP
Flavor Lemon Lime PFC 8406	Hyoscyamine Sulfate USP
Flavor Lime Extract #840521	Ipratropium Bromide
Flavor Mint Spice	Isoniazid USP
Flavor Natural & Artificial Fruit F-9953	Isopropyl Alcohol USP
Flavor Natural & Artificial Banana WL-22,568	Itraconazole
Flavor Natural & Artificial Df Berry WL-27	Kaolin USP
Flavor Natural & Artificial Peach WL-26,068	Labrafil M 1944 Cs
Flavor Nat/Art/Mix Fruit WL-27,061	Lactulose Solution USP w/Sorbic Acid
Flavor Natural Lime Extract #34625	Lactulose Solution USP
Flavor Orange #841066	Lauric Diethanolamide
Flavor Orange Concentrate PFC 9656	Lidocaine HCl Monohydrate USP
Flavor Orange Juice #7679	Lindane USP
Flavor Orange Peel Extract #840611	Liquid Sugar
Flavor Peppermint Stick #16170	Lithium Hydroxide Monohydrate
Flavor Pineapple Extract #840710	Loperamide HCl USP
Flavor Punch No Alcohol #PFC 9909	Loratadine
Flavor Raspberry #F1784	Magnesium Aluminum Silicate (K)
Flavor Raspberry #F-1840	Magnesium Aluminum Silicate-Hv
Flavor Rum #11826	Magnesium Chloride
Flavor Sherry Wine #841034	Malathion USP
Flavor Strawberry #11545	Manganese Chloride
Flavor Vanilla Extract #840593	Megestrol Acetate USP Micronized
Flavor Vanillin NF	Menthol USP
Flavor Wild Cherry #14783	Metaproterenol Sulfate USP
Flavor Wild Cherry #24038	Methylcellulose USP
Flavor Wild Cherry #840231	Methylparaben NF
Flavor Wild Cherry #840517	Metoclopramide HCl USP
Fluoxetine Hydrochloride	Microcrystalline Cellulose & CMC NF
Fragrance F980014	Microcrystalline Cellulose NF
Furosemide USP	Minoxidil USP
Glacial Acetic Acid USP	Monobasic Potassium Phosphate NF

TABLE 2
LIST OF RAW MATERIALS

Morphine Sulfate USP	Pyrilamine Maleate USP
Nonoxynol-9	Pyrilamine Tannate
Nystatin USP	Ranitidine Hydrochloride USP
Oil Anise	Riboflavin 5 Phosphate Sodium
Oil Cinnamon	Scopolamine Hydrobromide USP
Oil Peppermint NF #593006	Selenium Sulfide USP Micronized
Olive Oil NF	Simethicone Emulsion USP
Opium Tincture 2% AMA	Sodium Acetate USP
Oxybutynin Chloride USP	Sodium Benzoate NF
Oxymetazoline HCl USP	Sodium Carboxymethylcellulose
Pectin USP	Sodium Chloride USP
PEG-40 Sorbitan Diisostearate	Sodium Citrate 10% Solution
Phenobarbital USP	Sodium Citrate Dihydrate USP
Phenylephrine HCl USP	Sodium Fluoride USP
Phenylephrine Tannate	Sodium Hydroxide 10% Solution
Phenylmercuric Acetate	Sodium Hydroxide NF
Phenylpropanolamine HCl USP	Sodium Lauryl Sulfate 30%
Phenyltoloxamine Citrate	Sodium Metabisulfite NF
Phenytoin USP (Micronized)	Sodium Phosphate (Monobasic)
Phosphoric Acid, NF	Sodium Phosphate Dibasic USP
Pine Needle Oil	Sodium Propionate NF
Poloxamer 188 NF	Sodium Saccharin USP
Polyethylene Glycol 1450 NF	Sorbitan Monopalmitate
Polyethylene Glycol 3350 NF	Sorbitol Solution USP
Polyethylene Glycol 400	Spearmint Oil
Polyethylene Glycol 600 NF	Stearic Acid NF
Polysorbate 20	Stearyl Alcohol NF
Polysorbate 40 NF	Sucalfate USP
Polysorbate 60 NF Tween 60	Sucrose NF
Polysorbate 80 NF Tween 80	Sulfamethoxazole USP Micronized
Potassium Chloride USP	Terpineol
Potassium Iodide USP	Theophylline Anhydrous USP
Potassium Sorbate NF	Thymol NF
Povidone USP	Titanium Dioxide USP
Povidone-Iodine Powder USP	Tretinoin USP
Prednisolone Sodium Phosphate USP	Triamcinolone Acetonide USP
Prednisolone USP	Tricholine Citrate
Promethazine HCl USP	Triethanolamine 85% (Trolamine)
Propylene Glycol Diacetate NF	Triethanolamine Lauryl Sulfate
Propylene Glycol USP	Trimethoprim USP Micronized
Propylparaben NF	Triprolidine HCl USP
Pseudoephedrine HCl USP	Valproic Acid USP
Purified/De-Ionized Water	Vitamin A Palmitate USP

TABLE 2
LIST OF RAW MATERIALS

Vitamin B₁ Thiamine HCl USP
Vitamin B₁₂ Cyanocobalamin USP
Vitamin B₃ Niacinamide USP
Vitamin B₆ Pyridoxine HCl
Vitamin C Ascorbic Acid USP
Vitamin D₃ Cholecalciferol
Vitamin E Acetate (1000 IU/gm)
Vitamin E TPGS (387 IU/gm)
Xanthan Gum NF
Xylitol NF
Zinc Chloride USP

The contingency plan will be implemented in the following situations:

1. Fire and/or explosion:

- a. A fire causes the release of toxic fumes.
- b. The fire spreads and could possibly ignite materials in other locations on-site, or could cause heat-induced explosions.
- c. The fire could possibly spread to off-site areas.
- d. Use of water or water and chemical fire suppressant could result in contaminated runoff.
- e. An imminent danger exists that an explosion could occur, causing a safety hazard because of flying fragments or shock waves.
- f. An imminent danger exists that an explosion could ignite other hazardous wastes at the facility.
- g. An imminent danger exists that an explosion could result in the release of toxic material.
- h. An explosion has occurred.

2. Spills or Material Release:

- a. The spill could result in release of flammable liquids or vapors, thus causing a fire or gas explosion hazard.
- b. The spill could cause the release of toxic liquids or fumes.
- c. The spill can be contained on-site, but the potential exists for ground water contamination.

The role of the Emergency Coordinator is extremely important during and after an incident. The Emergency Coordinator will notify facility personnel affected by the incident along with any necessary officials and emergency responders. The Emergency Coordinator must also take all reasonable measures necessary to ensure that fire, explosion, emission or discharge do not occur, recur or spread to other materials or wastes at the installation. These measures shall include, where applicable, stopping processes and operations, collecting and containing released materials or wastes, and removing or isolating containers.

The Emergency Coordinator should initiate and maintain a log of events. Logged information would include:

- a. Assessment of pre-spill site condition
- b. Date of time of spill
- c. Substance involved
- d. Estimated volume or weight of substance spilled
- e. Names of persons contacted, time contacted and substance of conversation.
- f. Record of spill control and countermeasures taken
- g. Photographs of spill site during and after spill clean-up may be taken if deemed necessary by the Emergency Coordinator. Include name and address of photographer on each photograph. The log should include the date and description of each picture.
- h. Clean-up efforts, equipment restored, disposition of any wastes.

This information will be vital at the conclusion of an emergency. Every effort should be made to document these items as quickly as possible during the clean-up stages.

7. CONTROL CENTER

In the event of an emergency, the Emergency Coordinator will use the "Front Office Conference Room", which is located in the front of the building, as a control center for emergency operations and communications. If the building must be completely evacuated, an alternate control center will be established outside the building.

A copy of all emergency procedures and the necessary communication equipment are available in the Emergency Coordinator's office, Vice President of Purchasing and DEA Control's office, Human Resources Office and the office of the Director of Manufacturing and Production. A complete set of Material Safety Data Sheets (MSDS) are maintained in the following areas:

1. Laboratory
2. Compounding
3. Human Resource Office
4. Receiving

8. REPORTING REQUIREMENTS IN THE EVENT OF A SPILL

Several federal laws are potentially involved with any spill, and the reporting requirements that apply to the company are described in this section. All federal regulations require the Emergency Coordinator to contact the National Response Center (NRC) (800-424-8802) and report the incident. The NRC will ask the following questions:

- a. Name and telephone number of the reporter
- b. Name and address of the facility
- c. Time and type of incident (e.g., spill occurred at 3:30 PM)
- d. Identification and quantity of materials involved (e.g., 50 gallons of spent solvents on loading platform)
- e. The extent of injuries (e.g., no injuries)
- f. The possible hazards to the environment and human health outside the facility

Guidance on the type of quantity of releases that require report is provided below.

8.1 Hazardous Substances

The Comprehensive Environmental Response, Compensation and Liability Act of 1980 imposes reporting obligations for releases of a wide range of chemicals into the "environment" from a "facility". EPA has developed a list of "Reportable Quantities", and any release exceeding the Reportable Quantity (RQ) to the environment, for any chemical listed, must be reported. The RQ's on hazardous substances and extremely hazardous substances can be found in 40 CFR §302.4 and 40 CFR §355, Appendix A respectively. Petroleum, including crude oil or any fraction thereof, is specifically excluded from these regulations [see CERCLA, Section 101(14)].

Releases "into the environment" include spills to municipal sewer systems and spills out-of-doors. Hazardous substances may be released "into the environment" even if they are cleaned up. Examples of such releases include all spills out-of-doors or spills indoors where a Reportable Quantity (RQ) evaporates into the air. Releases onto the grounds of a facility of an RQ, where the spill could soak into the soil (and/or evaporate), are reportable events. Releases contained inside of a building onto a concrete floor would not require reporting unless the substance were somehow to leave the building (i.e., evaporation and exiting through ventilation system).

Under the Hazardous Substances regulations, the period of release is defined as a 24-hour period. Thus, if an RQ is released over a 24-hour period, or less, it must be reported. In the case of a release involving a mixture of substances, the individual substances are used to determine if there was an RQ. [For example, a spill of a mixture containing half an RQ of one hazardous substance and half an RQ of another hazardous substances does not require reporting. However, if the releaser does not know the composition of a mixture (i.e., a solvent blend), the lowest RQ of all hazardous substances known to be in the mixture is compared to the total quantity of the spill to determine if it is a reportable release.]

Releases of RQ's are to be reported to the National Response Center. The duty officer at the National Response Center records the pertinent information, and forwards this information to the Regional EPA office. A follow-up telegram or mailgram to the National Response Center should be sent.

The U.S. EPA also promulgated Reportable Quantities for hazardous wastes. Ignitable and corrosive hazardous waste both have RQ values of 100 pounds, which can be utilized when the ingredients of the spill are not known, but the characteristics (e.g., corrosive) are known.

When in doubt as to whether a release should be reported, call the National Response Center. Failure to report a release into the environment can result in up to a \$10,000 fine and/or one year in prison.

8.2 Community Right-to-Know Act

In the October 17, 1986 Superfund Amendments Reauthorization ACT (SARA), additional reporting requirements were incorporated with respect to Community Right-to-Know. By April 17, 1987 a State Emergency Response Commission was designated by the Governor as the Illinois Emergency Services Disaster Agency (ESDA) which was renamed the Illinois Emergency Management Agency (IEMA) in 1992. The local emergency planning group for Cook County is located in Maywood, IL.

If a release occurs of a Reportable Quantify (RQ) of either a "hazardous substance" or "extremely hazardous substance", then the local emergency planning committee and the state emergency response commission must be immediately notified. Notification in the event of a

spill should be **immediate** (e.g., by telephone) and the following information will be requested:

- The chemical name or identity of any substances involved in the release
- Whether the substances is an extremely hazardous substance
- Estimate the quantity of any substance released into the environment
- Time and duration of the release
- Medium or media into which the release occurred
- Any known or anticipated acute or chronic health risks associated with the released chemical substances and, if so, where appropriate medical attention can be received. (EPA specifically states that the information on an MSDS is typically of insufficient value to a health professional, especially if the chemical name is confidential on the MSDS. In the event of a release, confidentiality claims will no longer be upheld.)
- Emergency response precautions as a result of the release (e.g., evacuation)
- The names and telephone numbers of the person or persons to be contacted for further information.

8.3 Hazardous Waste

Under the RCRA hazardous waste regulations, a release, fire or explosion which could threaten human health or the environment outside the facility must be reported to the National Response Center and the Illinois Emergency Management Agency (IEMA). Calls to both the National Response Center and IEMA fulfill the requirements to report releases under both the hazardous substances and hazardous waste regulations.

Hazardous wastes are included as a subset to the hazardous substances regulations. Therefore, releases involving hazardous waste need only be reported when they exceed the RQ or there is a "threat to human health or the environment". When a facility notifies IEMA and the National Response Center under the hazardous waste regulations, operation of the facility cannot resume until the Emergency Coordinator notifies the Regional Administrator of the U.S. EPA and IEPA that:

1. No waste that may be incompatible with the released material is treated, stored or disposed of until clean-up procedures are completed, and
2. All emergency equipment listed in this Plan is cleaned and fit for its intended use.

This notification can be accomplished via a telegram, facsimile transmission, mailgram or a certified return receipt letter. In addition, within 15 days after a reported incident, a written report to the Regional Administrator, US EPA and to the IEPA must be submitted via a certified, return-receipt letter with the following:

1. Name, address and telephone number of owner or operator
2. Name, address and telephone number of facility
3. Date, time and type of incident
4. Name and quantity of material involved
5. The extent of injuries, if any
6. An assessment of actual or potential hazards to human health or to the environment, where applicable
7. Estimated quantity and disposition of recovered material that resulted from the incident.

8.4 Toxic Substance Control Act

Section 8(e) of the Toxic Substances Control Act (TSCA) can require reporting for incidents not covered under the other regulations. Under TSCA, all emergency incidents of environmental contamination that present a “substantial risk of injury to health or the environment” must be reported to US EPA. No notification under TSCA is required if US EPA has been informed of the incident under one of the other laws.

Under TSCA, US EPA has offered the following guidance on “substantial risk” to the environment.

Releases in sufficient quantities of substances exhibiting any of the following:

1. Extreme persistence
2. Pronounced bioaccumulation
3. Interference with critical biogeochemical cycles
4. Excessive stimulation of primary producers (i.e., algae)
5. Any ecologically significant effects on non-human organisms due to acute or chronic toxicity, i.e., cancer, mutation, etc.

Failure to report a “substantial risk” incident can result in fines up to \$25,000 and imprisonment for up to one year. Consistent with the previously described laws, when in doubt, report the incident. The National Response Center should be contacted for a release under TSCA.

8.5 Illinois Chemical Safety Act

In 1985, the Illinois legislature passed a law requiring the development of contingency plans establishing reporting obligations for chemical releases. The Act defines “Chemical

Substances” as any “extremely hazardous substance” which is present in amount in excess of the threshold planning quantity and any “hazardous substances” and petroleum substances.

The act defines a release as any sudden spilling, etc., beyond the boundaries of the facility. Under the act, a chemical contingency plan must be prepared addressing the proposed emergency response to each “chemical substance” release, and requires a copy of the plan be submitted to the local “fire, police or emergency response agency”. The Illinois Emergency Management Agency (IEMA) is to be notified in writing each time the plan has been properly distributed. A copy of the IEMA Notification Form is included in the Attachments.

The Illinois Chemical Safety Act requires that the IEMA be telephoned immediately after the fire department if an incident occurs at the facility. In accordance with Section F, Paragraph (a) of the Act, any business which has a significant release of a chemical substance from a facility shall provide a written report to the IEPA within 30 days of the incident. A significant release means any release which is so designated by the IEPA or IEMA based upon the inspection at the site of any emergency incident or any release which results in any evacuation, hospitalization or fatalities of the public. The report shall include a copy of the contingency plan, unless one has already been provided, and shall explain the nature, cause and known effects of the release, the actions taken to mitigate the effects of the release, and an assessment of the contingency plan.

8.6 Metropolitan Water Reclamation District of Greater Chicago (MWRDGC)

In the event of a malfunction or an accidental or deliberate discharge to the sanitary sewer resulting in a violation of discharge criteria, or in the event of a slug discharge, notify the MWRDGC of such condition immediately by telephone to the Research And Development Department, Industrial Waste Division at (312) 751-3044 during normal business hours or to the Systems Dispatcher (312) 787-3575 at all other times.

In accordance with the MWRDGC’s Sewage and Waste Control Ordinance, and with Federal Regulations 40 CFR §403.12 (f), a pretreatment System Malfunction or Accidental Spill Notification Form (RD-116) must be completed and submitted to confirm the system malfunction or accidental spill notification within five (5) calendar days to:

Metropolitan Water Reclamation District of Greater Chicago
Industrial Waste Division
Enforcement Section
111 East Erie Street
Chicago, Illinois 60611

9. OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA)

REQUIREMENTS

In accordance with the Federal Occupational Safety and Health Administration standards for emergency response plans, the plan addresses the following requirements in the following sections of the plan:

	Description	Section
A	Pre-emergency planning and coordination with outside parties	6, 13
B	Personal roles, lines of authority and communication	7, 13, 16, Table 4
C	Emergency recognition and prevention	6, 7, 11, 13
D	Safe distances and places of refuge	Attachment I, II
E	Site security and control	12
F	Evacuation routes and procedures	Attachment I
G	Decontamination procedures	12
H	Emergency medical treatment and first aid	12, 16
I	Emergency alerting and response procedures	11, 13, Attachment I, II
J	Critique of response and follow-up	15
K	PPE and emergency equipment	12
L	Regular rehearsal of plan	1
M	Review of response plan	1
N	Notification of employees in case of emergency	11, 13

10. POTENTIAL EMERGENCY SITUATIONS

Potential spills would include the following:

- Lindane manufacturing and filling room
- Compounding area
- Solvent storage areas
- Filling area
- Receiving area

11. COUNTERMEASURES

Morton Grove Pharmaceuticals relies upon the Morton Grove Fire Department and the Community Hazardous Material Team for major fires/releases. Minor releases will be handled by the department causing the spill. (Employees in each area have been trained under the Hazard Communication Standards in specific chemical recognition, symptoms of exposure and personnel protective equipment requirements.) Should evacuation of part or all of the building be required, dial 5076 to access the public address system, and begin talking. Generally, the public address system (PA) is used in conjunction with the fire alarm to give specific instructions.

Potential accidents fall under two general classifications:

1. Fire and/or Explosion
2. Spills or airborne material releases

Specific measures to be taken for various types of releases are presented below:

11.1 Fire/Explosions

It is the policy of MGP to allow the professionally trained Morton Grove Fire Department to handle all but minor fires. The general procedures for fires are as follows:

- Evacuate the building.
- Contact the Morton Grove Fire Department
- The fire chief will determine that the emergency has passed before the "all clear" signal is given.

Fire extinguishers are located throughout the facility, as are an automatic sprinkler system and a public address system. Morton Grove Fire Department has the standard fire fighting equipment and has inspected the MGP facility. Fire extinguishers are only effective on small fires, with the typical extinguisher charge lasting only 3 to 20 seconds. Notify the fire department as quickly as possible, before the fire spreads.

If extinguishers are to be used on a fire, make sure the proper extinguisher is used for the job. Extinguishers are classified as follows:

- A. For fires involving combustibles like wood or paper
- B. For flammable liquids and gas (e.g., solvents and oils)
- C. For electrical wiring and equipment (Halon extinguishers)
- ABC. For combination fires and effective on any individual class A, B or C fire.

General extinguisher procedure is to pull the pin, stand about 8 feet away from the fire, aim carefully at the base of the fire, and squeeze the trigger until extinguisher charge is exhausted.

Always remember the following:

- Make sure burning papers are not blown out of wastebasket fires
- Never put water on an electrical fire or piece of electrical equipment
- Do not attempt to fight a fire that is too big; extinguishers are for small fires.

11.2 Spills

When a release of hazardous material is discovered, the first consideration is the safeguarding of life and property. One of the first duties of response personnel is the identification of the material. The material involved must be identified before any action is taken. Once the material has been identified, the Emergency Coordinator will assess possible hazards to human health or the environment that may result from the release, fire, or explosion. The steps to be taken are as follows:

- Is the material toxic?
- How is the material toxic?
- Who is at risk?
- Is evacuation necessary?
- How extensive should evacuation be?
- What actions can be taken?
- What are the consequences of these actions?
- Is the situation beyond the control of the available resources?

Once these questions have been answered, the general procedure is evacuation (where applicable), shut off the source of the spill (where possible without risk), and then containment and cleanup.

If a determination is made that areas outside of the facility are at risk as a result of the incident, the emergency coordinator will contact the appropriate agencies and departments as listed in Table 4 to advise them of the risk involved. The emergency coordinator will be available to help appropriate officials decide whether affected local areas should be evacuated. The emergency coordinator or designee will immediately notify the National Response Center (1-800-424-8802). The following information must be given:

1. Name and telephone number of reporter.
2. Name and address of the facility.
3. Time and type of incident.
4. Name and quantity of materials involved, to the extent known.
5. The extent of injuries, if any.
6. The possible hazards to human health or the environment, outside the facility.

12. AVAILABLE EQUIPMENT

The facility maintains only a small inventory of emergency response equipment to respond to incidental releases or releases which do not pose a threat to life or health. The facility relies upon Morton Grove Fire Department to respond to hazardous material releases. The Morton Grove Fire Department has the standard fire fighting equipment as well as a professionally trained Hazardous Material Response Team, and has inspected MGP's facility. The facility's security is monitored by Cunningham Security Systems, Inc. and Reliance Protective Systems.

Fire extinguishers are located throughout the facility, as are an automatic sprinkler system and a public address system. The locations of the fire extinguishers through the facility are presented in Exhibit 2.

First aid stations are located in the following areas (see Exhibit 2):

- | | |
|-------------------------------|----------------------|
| 1. Production area | 4. Maintenance area |
| 2. Quality Control Laboratory | 5. Production Office |
| 3. Reception Area | 6. Receiving area |
| | 7. Shipping area |

Each first aid kit meets the requirements of OSHA and is inspected monthly by Xpect First Aid (A Cintas Company). Showers, which can be used for decontamination, are located in the Quality Control Laboratory and the Compounding Room. Table 3 contains a list of available equipment at the facility.

TABLE 3
LIST OF AVAILABLE EQUIPMENT

Description	Area	Capability	Quantity
Fire Extinguishers	Exhibit 2	56 - ABC; 6 - CO ₂ ; 22 - 1211 Halon	84
First Aid Kits	Exhibit 2	First Aid	7 Kits
Sprinkler System	Facility wide	Fire Protection	Facility wide system
Evacuation alarm System	Facility wide	Evacuation of personnel in emergency situation	Facility wide system
Fire Blankets	Quality Control Lab, Microbiology Lab, Production	Fire Protection	6
Fire Hoses	Warehouse, Production	Fire Protection	7
Public Address System	Facility wide	To announce emergency procedures	Facility wide system
Two way radios (walkie talkies)	Warehouse, Production, Quality Operations, Quality Control Lab, Maintenance	Communication during emergencies	20
Eyewash Stations	Exhibit 2; Lab, Warehouse (battery charge area near shipping), Compounding	For removal of chemicals splashed into eyes	3
Safety Showers	Exhibit 2; Quality Control Lab and Compounding	To wash acids, alkalies, solvents & other chemical contaminants from clothes & body.	2
Polypack absorbent kit containing 2 acid neutralizers, 2 caustic soda neutralizers, 2 solvent absorbents	Laboratory	Spill Cleanup	1
Absorbent	Warehouse, Hazardous Waste Storage Aisle	Spill Cleanup	1
Universal Sorbent Pads (200 Pads/box)	Warehouse, Production	Spill Cleanup	2 Box
Spill Defense Dikes, Various Sizes	Warehouse, Production	To contain the spill and prevent the spill from spreading	4 Box
Face Shield	Compounding	Protect face from exposure to chemical splashes; Chemical resistant	3
Boots	Warehouse	Protect feet from chemical exposure; Chemical resistant	2
Shovel (Polypropylene)	Warehouse, Hazardous Waste Storage Aisle	Sweep up spent absorbent and solid spill residues	1
Floor Broom (Polypropylene)	Warehouse, Hazardous Waste Storage Aisle	Sweep up spent absorbent and solid spill residues	1
Goggles	Warehouse	Protect eyes from exposure to chemical splashes	2
Overpack Recovery Drum	Warehouse	Overpack a leaking container	2
55-Gallon steel and fiber drums	Quarantine and receiving areas	To transfer the contents of a leaking container.	16

13. NOTIFICATION

Whenever there is an imminent or actual emergency situation, the Emergency Coordinator (or his/her designee when the Emergency Coordinator is unavailable) must be immediately notified. Spills or accidents not resulting in emergency situations should be compared to the reporting requirements in the previous section. The Emergency Coordinator should immediately call the National Response Center, Illinois Emergency Management Agency, the Morton Grove Fire Department and the Metropolitan Water Reclamation District of Greater Chicago, where notification under these reporting obligations is appropriate.

The Emergency Coordinator shall review the situation, and notify the appropriate people to handle the immediate emergency. Appropriate regulatory agencies are to be notified as determined by the Emergency Coordinator. The Public Affairs spokesman will handle all inquiries from the media and public. All such calls are to be referred to this individual. Inquiries from outside response personnel (e.g., EPA or fire department) are to be directed to the Emergency Coordinator. Listed in Table 4 are pertinent addresses and telephone numbers.

14. EVACUATION PLAN

In case of fire or a spill requiring evacuation, the evacuation procedure in the Attachment I should be immediately implemented. Evacuation routes are posted throughout the building for each area.

TABLE 4
EMERGENCY TELEPHONE NUMBERS

Title	Address	Phone Number
Morton Grove Pharmaceuticals, Inc.	6451 W. Main Street Morton Grove, IL 60053	General Tel.: 847/967-5600 Public Address: Dial 5076
Primary Emergency Coordinator: Jim Akstulewicz		Office: 847/583-5070 Home: 630/527-9260
Secondary Emergency Coordinator: Vimal Bahl		Office: 847/583-7876 Home: 847/548-3944
Tertiary Emergency Coordinator: Dushyant Chipalkatty		Office: 847/583-5029 Home: 847/808-1232
Alternate (first): Robert Kowalski		Office: 847/583-5020 Home: 847/670-8817
Public Affairs (Spokesperson for Company): Robert Kowalski		Office: 847/583-5020 Home: 847/670-8817
National Response Center	Commandant (G-TGC-2) U.S. Coast Guard 2100 Second Street SW Washington, DC 20953	Toll free number: 800-424-8802
Illinois Emergency Mgmt. Agency	100 E. Adams Street Springfield, IL 62706	Toll free number: 800-782-7860
Local Emer. Planning Committee John M. Hickey	1401 Maybrook Drive Maywood, IL 60153	Day: 708/865-4766 After Hours: 708/865-4755
US EPA Region V	230 S. Dearborn Chicago, IL 60604	Phone: 312/353-2318
Illinois Environmental Protection Agency, Emergency Response Unit	2200 Churchill Road Springfield, IL 62706	24-Hr. Number: 217/782-3637
Metropolitan Water Reclamation District of Greater Chicago		General Number: 708/751-5600 Dispatcher: 708/751-5133 (after hours)
(Village of) Morton Grove Fire Department		General Number: 847/965-2121 Emergency: 911
(Village of) Morton Grove Police Department		General Number: 847/965-2131 Emergency: 911
State Fire Marshall		General Number: 312/814-2693
Lutheran General Hospital	1775 Dempster Street Park Ridge, IL 60068	847/696-2210

TABLE 4
EMERGENCY TELEPHONE NUMBERS (continued)

Title	Address	Phone Number
Other Medical Centers - In the Event of Minor Injuries		
Concentra Medical Centers	8125 River Drive Morton Grove, IL 60053	847/470-1720
Rush Northshore Medical Center (Concentra Medical Centers After Hours Protocol)	9600 Gross Point Road, Skokie, IL 60076	847/470-1720
Ambulance Morton Grove Paramedics		General Number: 847/965-2121 Emergency: 911
Environmental Consultant		
Huff & Huff, Inc.		Office: 708/579-5940 J. Huff (Home) 708/352-0950
Utilities		
Commonwealth Edison		800-334-7661 800-376-7693 708/992-3500
Northern Illinois Gas		800/535-3648
Water Division of Public Works		847/470-5235 (Day) 847/470-5208 - All other times

15. FOLLOW-UP ACTIONS

The role of Emergency Coordinator is extremely important during and after an incident. During an emergency, the Emergency Coordinator must take all reasonable measures necessary to ensure that fire, explosion, emission or discharge do not occur, recur, or spread to other materials or wastes at the installation. These measures shall include, where applicable, stopping processes and operations, collecting and containing released materials or wastes, and removing or isolating containers.

The Emergency Coordinator should initiate and maintain a log of events. Logged information would include:

- a. Assessment of pre-spill site condition
- b. Date and time of spill
- c. Substance involved
- d. Estimated volume or weight of substance spilled
- e. Names of persons contacted, time contacted and substance of conversation
- f. Record of spill control and countermeasures taken
- g. Photographs of spill site during and after spill cleanup. Include name and address of photographer on each photograph. The log should include the date and description of each picture.

Following containment and control of the emergency, the Emergency Coordinator will provide for disposal of the waste and contaminated soil, water or other minerals. The Emergency Coordinator will also ensure that all emergency equipment is restored to full operational status.

The Emergency Coordinator will investigate the cause of the release and take steps to prevent a recurrence of a similar incident. Prevention techniques, according to Federal Regulations, include mandatory fire emergency practice drills. The Emergency Coordinator will verify that the cause of the emergency has been eliminated, and that cleanup and restoration have progressed at least to the point of not jeopardizing the health and safety of the employees, and that the EPA and IEMA have been notified prior to resumption of the operation.

16. ARRANGEMENTS WITH AUTHORITIES

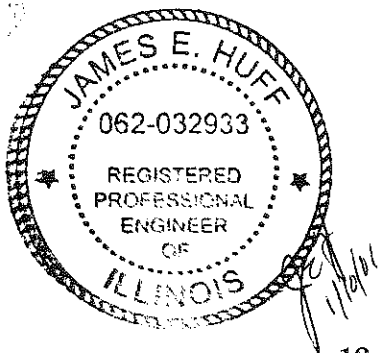
All major injuries at the job site are sent to Lutheran General Hospital. Minor injuries are sent to either Concentra Medical Center or Rush Northshore Medical Center (Concentra after hours

protocol). The company has provided the Morton Grove Fire and Police Departments, all medical agencies, the IEMA, and the local Emergency Planning Committee with a copy of the plan. Specific details are found in Attachment III.

17. CERTIFICATION

Having examined the plant facility of Morton Grove Pharmaceuticals, Inc., and being familiar with the provisions of the Code of Federal Regulations, Title 40, Parts 112, 117, 265, 302 and 355, Title 29 Part 1910, and with Illinois Regulations Title 35, Subtitle G, Chapter 1, Subpart D, Part 725.152, and the Sanitary District of Greater Chicago's Sewer Ordinance, I hereby certify that this Environmental Incident Control Plan has been prepared in accordance with good engineering practices.

SEAL:



By James E. Huff
James E. Huff, P.E.
Date January 18, 2001

Registration No. 062-032933
State of Illinois

18. MANAGEMENT APPROVAL

I hereby certify that I have reviewed this Environmental Incident Control Plan, and have provided the Emergency Coordinator with the authority to commit the necessary resources to implement this Plan.

Signed: Michaelly
Title: Vice President, Operations
Date: 01/09/01

ATTACHMENT I

**MORTON GROVE PHARMACEUTICALS, INC.
EVACUATION PLAN**

:

ATTACHMENT I

MORTON GROVE PHARMACEUTICALS, INC. EVACUATION PROCEDURE

The two most important assets of any organization are its members, and its plant and equipment, in that order. These assets must be safeguarded since their safety is essential for the survival of the organization. In order to provide the required degree of safety, it is necessary to set forth specific emergency procedures for safety, protection from the elements, and protection of plant and equipment, when possible.

Any procedure or plan is only as good as the interpretation given by the people carrying it out. Therefore, everyone must be familiar with these procedures, and be able to follow them if the need arises.

The following plan should become a part of each department's general information file. It should be updated periodically, as the need arises.

In the event of a fire, an emergency that necessitates, evacuation, the following plan has been developed to provide for the safe and efficient evacuation of personnel. The following section describes the sequence of events that should occur between the time a fire is first detected and the arrival of the fire department.

Once discovered, a fire should be immediately reported over the PA system by dialing 5076. The report of a fire over the PA system should include the location of the fire and information about which exits or areas are blocked. It should also be the responsibility of the PA caller to inform the Area Supervisor, Emergency Coordinator and the receptionist. The receptionist shall contact the local fire department. The call to the fire department should give the plant location and a report on the extent of injuries and type of fire, i.e., chemical, electrical, etc., if known. During the evening and weekend emergencies, notify the shift supervisor or the area supervisor. The supervisor in charge shall contact emergency coordinator and the fire department. Even though an automatic signal should reach the fire department, telephone follow-up is advised.

The PA announcement should be preceded by a distinguishing whistle or alarm. This serves to alert personnel to a potentially dangerous situation, and ensures they remain attentive to possible evacuation instructions.

It is not the intent of Morton Grove Pharmaceuticals to conduct interior or exterior fire fighting. Only those employees who are familiar and trained in how to use a portable fire extinguisher shall make an attempt to contain or combat an incipient fire. No employee is expected to risk their safety or wellbeing by attempting to fight fire.

Upon notification of a fire, all personnel not involved in the activities of the fire should evacuate the building via the nearest exit. Personal safety will always take precedence over property protection. A back-up Emergency Coordinator or a designated employee should be stationed so as to reduce the number of employees who inadvertently attempt to exit through hazardous or blocked areas. Exits to the facility are identified in Exhibit 2. Employees should be familiar with the locations of all exits. New employees, or employees working in unfamiliar areas, should be made aware of the nearest emergency exit at all times. Please refer to Exhibit 2 for Fire Evacuation Routes for the different areas of the building.

Once the facility has been evacuated, a head count at two designated rally points will assure that all employees have been accounted for.

- Rally Point A - Office personnel, located in the front area of the building.
- Rally Point B - Production Personnel, located in employee parking lot.

Upon arrival, the fire department should be given information concerning the exact location of the fire, the types of chemicals found within the affected area, and whether or not all personnel have been accounted for.

The Emergency Coordinator is encouraged to review and streamline this Evacuation Plan. Fire drills, both announced and unannounced, are necessary to determine the Plan's effectiveness. By evaluating each drill, shortcomings and pitfalls in the Evacuation Plan can be detected and corrected.

The following are generalized procedures to be followed during emergencies. Special situations or locations may necessitate additional steps, determined by the area involved:

A. Floor Plan:

The posted floor plans in the building are labeled so that exits can be classified as follows:

1. Primary Exit (P.E.) leads directly outside
2. Secondary Exit (S.E.) leads to a primary exit

B. Steps to follow during evacuation of the building:

When the alarm system is activated, all activities should cease.

1. Employees leave their current activities and prepare to implement evacuation procedures immediately.
2. Emergency Coordinator issues notification of proper official agencies.
3. Supervisors direct shutdown of equipment, select and communicate evacuation route to employees, and check out-of-the-way places.
4. General Evacuation Rules:
 - a. Always evacuate away from source of danger and away from hazardous areas.
 - b. Leave in a quick, orderly manner. NO RUNNING. Running will not save much time, and could cause injuries.
 - c. Do not stop for personal belongings.
 - d. At the discretion of the supervisor, and if time allows at no human risk, the supervisor may assign someone to secure certain materials and equipment.
 - e. If time allows, extinguish open flames and close doors, as appropriate.
 - f. All evacuees must remain with their group at the rally points.
 - g. In case of extensive emergencies, the Emergency Coordinator should request that personnel re-assemble by department, and a headcount be taken. All personnel should be accounted for.

C. All Clear

The Emergency Coordinator or someone acting in his capacity will authorize the "all clear".

D. Follow-Up

It is the responsibility of each employee to report any difficulty encountered during the emergency. Also, any violation of the emergency procedures should be brought to the attention of the Emergency Coordinator. It is his duty to look into the reasons for such violations.

A meeting of the supervisors will be scheduled as soon as possible after the emergency, preferably within 3 days. Involved personnel should be invited to attend. Below is the suggested agenda:

1. Discussion of implementation of procedures
2. Discussion of violations
3. Review of procedures, if needed

Findings and suggestions will be communicated to all levels of management for corrective measures.

ATTACHMENT II

INCLEMENT/TORNADO PROCEDURE

In case of severe or inclement weather, the Emergency Coordinator will arrange for movement to an indoor area as soon as possible. Remain clam, together, and huddle close, if necessary.

A tornado warning means that a tornado has been sighted in the area. Below are the general rules to be followed:

1. Quickly move all personnel away from windows and doors to an interior corridor on the lowest floor.
2. If unable to move quickly enough, get under a piece of sturdy furniture such as a workbench or heavy table or desk and hold on to it.
3. Avoid areas with large, unsupported roofs.
4. Never evacuate a building. If outside, seek indoor protection as described in steps 2 and 3. If unable to reach a building, seek the nearest, lowest point on the ground, such as a ditch, and lie down.

ATTACHMENT III
RECIPIENTS OF CONTINGENCY PLAN

Copies of contingency plan must be sent to the following:

1. Morton Grove Fire Department
6250 Lincoln Avenue
Morton Grove, IL 60053
ATTN: Chief Czerwinski
2. Morton Grove Police Department
6101 Capulina
Morton Grove, IL 60053
ATTN: Deputy Chief Louis Rossi
3. Lutheran General Hospital
1775 Dempster
Park Ridge, IL 60068
ATTN: Emergency Room, Shirley Swanson
4. Concentra Medical Centers
8125 River Drive
Morton Grove, IL 60053
ATTN: Jeffrey Dorfman
5. Local Emergency Planning Committee
1401 Maybrook Drive
Maywood, IL 60153
ATTN: Tom Loftus

CHEMICAL SAFETY ACT COMPLIANCE FORM

1. Name of Facility: MORTON GROVE PHARMACEUTICALS, INC.

2. Address of Facility: 6451 W. MAIN STREET

MORTON GROVE, IL 60053

COOK
(County)

3. Standard Industrial Classification (SIC) Code: 2834

4. Number of Employees: 240

5. Contact Person: Jim Akstulewicz Phone: 847-967-5600

6. Date in which your facility's Chemical Safety Contingency Plan was...

☐ finalized ☒ revised: December 2000

7. Name and address of Local Government Emergency Agencies and any other organization(s) where a copy of your facility's Chemical Safety Contingency Plan is officially filed (use additional sheets if necessary):

Planning Agency: SEE ATTACHED

Address: _____

Date filed: _____

Response Agency: _____

Address: _____

Date filed: _____

Other: _____

Address: _____

Date filed: _____

I certify that the above information is true, accurate and complete.

Dushyant Chipalkatty
Name (Please Print)

Dushyant Chipalkatty 01/09/01
Signature

01-09-01

Date

Vice President, Operations

Title

Required Response Notice: Information required by this form must be provided to comply with Public Act 84-652, "Illinois Chemical Safety Act". Failure to so provide may result in a civil penalty not to exceed \$10,000 per violation, and an additional civil penalty not to exceed \$1,000 for each day during which such violation continues.

1. Morton Grove Fire Department
6250 Lincoln Avenue
Morton Grove, IL 60053
ATTN: Chief Czerwinski
2. Morton Grove Police Department
6101 Capulina
Morton Grove, IL 60053
ATTN: Deputy Chief Louis Rossi
3. Lutheran General Hospital
1775 Dempster
Park Ridge, IL 60068
ATTN: Emergency Room, Shirley Swanson
4. Concentra Medical Centers
8125 River Drive
Morton Grove, IL 60053
ATTN: Jeffrey Dorfman
5. Local Emergency Planning Committee
1401 Maybrook Drive
Maywood, IL 60153
ATTN: Tom Loftus

ATTACHMENT IV

**METROPOLITAN WATER RECLAMATION DISTRICT
OF GREATER CHICAGO (MWRDGC)**

MALFUNCTION AND SPILL REPORT FORM (RD-116)

Pretreatment System Malfunction, Slug Discharge, Bypass, or Accidental Spill Notification Report

In the event of a pretreatment system malfunction, bypass of such system, slug discharge from such system, accidental spill, or in the event any person causes or allows such occurrences, an authorized company official must notify the Water Reclamation District of such condition immediately by telephone to the Research and Development Department, Industrial Waste Division at (312) 751-3044 during normal business hours or to the Systems Dispatcher (312) 787-3575 at all other times.

In accordance with the Water Reclamation District's Sewage and Waste Control Ordinance and with Federal regulations [40 CFR 403.12 (f)], the attached form must be completed and submitted to confirm the system malfunction, slug discharge, or accidental spill notification within five (5) calendar days to:

Metropolitan Water Reclamation District
of Greater Chicago
Industrial Waste Division
Enforcement Section
111 East Erie Street
Chicago, Illinois 60611

Item 1.

Give the complete name and address of the facility producing the discharge. Include the telephone number and Federal Tax I.D. number (used on Internal Revenue Service tax accounts). Give the name, title and phone number of the contact person at the facility.

Item 2.

- a. Indicate the month, date, year, and time of day that the incident started and ended.
- b. Indicate the date the report was completed.

Item 3.

Identify the causes that best describe the incident. Check at least one (1). If 'other', then please specify.

Item 4.

- a. Indicate the category, subcategory and estimated volume of any regulated process wastewater that was a component of the subject discharge to the sanitary sewer.
- b. Indicate all other components of the subject discharge to the sanitary sewer.

Item 5.

Explain in detail how the incident occurred. If additional space is needed, then attach a separate sheet. Attach a schematic of the pretreatment system for reference, if appropriate.

Item 6.

Outline corrective measures which will be undertaken to prevent a recurrence of the incident and state the dates said measures will be implemented.

Pretreatment Malfunction, Slug Discharge, Bypass, or Accidental Spill Notification Report

CAUTION: Do NOT attempt to complete this form before reading the INSTRUCTIONS ON REVERSE SIDE.

1. Facility: _____
 Location: _____ Zip Code _____
 City: _____ FID Number _____
 Telephone: _____

Contact Person at Facility

NAME (Type or Print)	TITLE	TELEPHONE / EXTENSION
MONTH	DATE	YEAR
TIME	A.M.	P.M.
a. Start of Incident:	_____	_____
End of Incident:	_____	_____
b. Date of Report:	_____	_____
c. Date of Telephone Notification:	_____	_____
d. Telephone Notification Reported to:	_____	_____

2. a. Start of Incident:

End of Incident: _____
 b. Date of Report: _____
 c. Date of Telephone Notification: _____
 Title: _____

3. TYPE OF INCIDENT:

☐ Mechanical or electrical malfunction. ☐ Operator error. ☐ Hydraulic or mass overload. ☐ Bypass.
☐ Slug Discharge ☐ Other (Specify) _____

4. INCIDENT DISCHARGE CHARACTERISTICS:

a. Regulated process wastewater:

CATEGORY	SUBCATEGORY	ESTIMATED VOLUME (GALLONS)
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Other components:

(Type)	ESTIMATED VOLUME (GALLONS)
<input type="checkbox"/> Pretreatment sludge	_____
<input type="checkbox"/> Acid or Alkali	_____
<input type="checkbox"/> Other (Specify)	_____

5. EXPLANATION OF INCIDENT:

6. CORRECTIVE MEASURES:

Prepared by: _____ TITLE _____ DATE _____
NAME (Type or Print)

For Office Use Only

Date Received: _____ Date of Incident: _____

Date Telephone Notification Received: _____

Pollutants discharged in excess: _____

Plant receiving discharge: _____

Corrective measures: ☐ Approved ☐ Disapproved

Comments: _____

Received by: _____ Date: _____